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# African Region

## Algeria

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### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	18 740 000	24 935 000	27 939 000
Adult (15+)	10 027 000	14 465 000	17 125 000
% Urban	43.4	51.7	55.8
% Rural	56.6	48.3	44.2

### Health status

Life expectancy at birth, 1990-1995 : 66 (males), 68.3 (females)

Infant mortality rate in 1990-1995 : 55 per 1000 live births

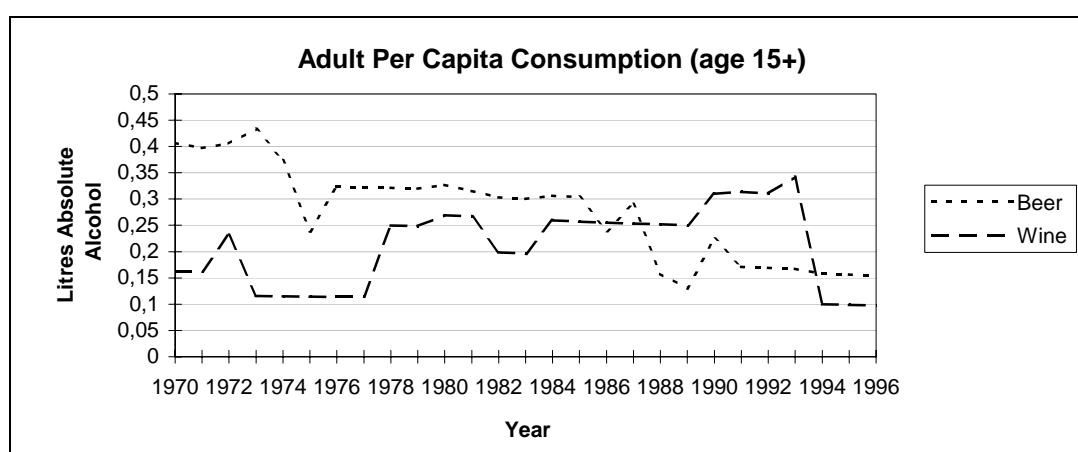
### Socioeconomic situation

GNP per capita (US\$), 1995: 1600, PPP estimates of GNP per capita (current int'l \$), 1995: 5300.

Average distribution of labour force by sector, 1990-1992 : agriculture 18%; industry 33%; services 49%

Adult literacy rate (per cent), 1995 : total 62; male 74; female 49

### Alcohol consumption and prevalence



### Consumption

Consumption of alcohol in Algeria decreased significantly between 1970 and 1990. Beer production has levelled off since 1990 at a low level. Wine was the leading beverage in terms of production, consumption and export. According to official statistics, wine production has declined dramatically, and wine exports even more so. This trend can be expected to continue given the strong religious and cultural influence of Islam in Algeria.

# Angola

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	6 993 000	9 194 000	11 072 000
Adult (15+)	3 876 000	4 861 000	5 853 000
% Urban	21.0	28.3	32.2
% Rural	79.0	71.7	67.8

## Health status

Life expectancy at birth, 1990-1995 : 44.9 (males), 48.1 (females)

Infant mortality rate in 1990-1995 : 124 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 410, PPP estimates of GNP per capita (current int'l \$), 1995: 1310.

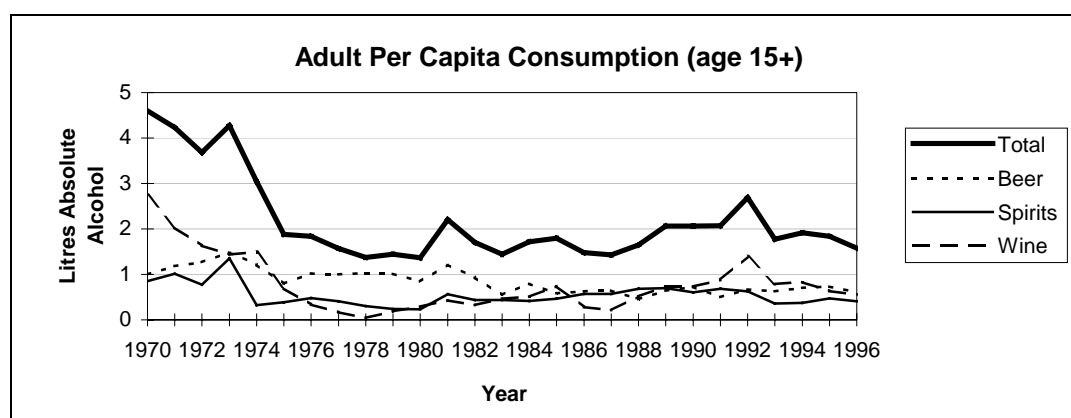
Average distribution of labour force by sector, 1990-1992 : agriculture 73%; industry 10%; services 17%

Adult literacy rate (per cent), 1995 : total 43; male 57; female 29

## Alcohol production, trade and industry

Angola produces beer and distilled spirits. South African Breweries is rehabilitating a brewery in Lubango.

## Alcohol consumption and prevalence



## Consumption

There is substantial home brewing of beer in Angola, but figures are not available and therefore not included in the graph above. Wine is entirely imported, and fluctuations in wine consumption probably reflect disruptions in foreign trade in general. Nearly as much beer is imported as is produced domestically. In recent years, adult consumption of all three types of alcoholic beverages has converged.

## Benin

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	3 459 000	4 633 000	5 409 000
Adult (15+)	1 881 000	2 467 000	2 843 000
% Urban	24.9	29.0	31.3
% Rural	75.1	71.0	68.7

### Health status

Life expectancy at birth, 1990-1995 : 45.9 (males), 49.3 (females)

Infant mortality rate in 1990-1995 : 86 per 1000 live births

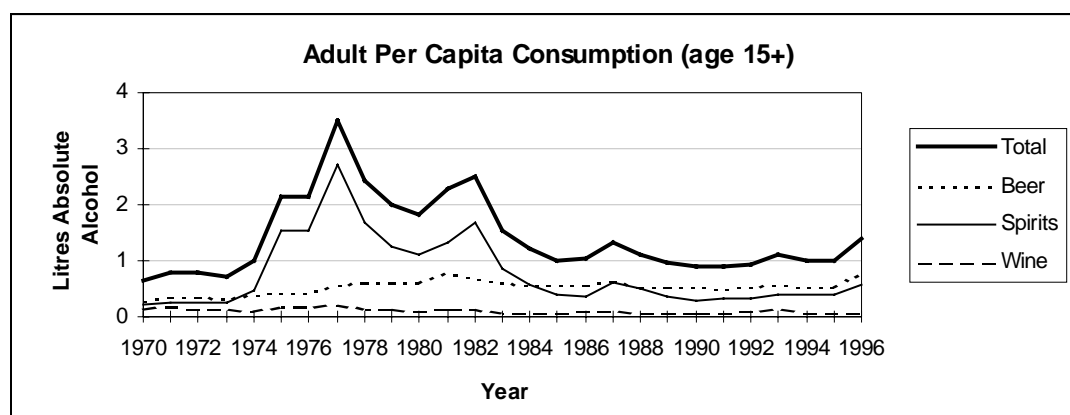
### Socioeconomic situation

GNP per capita (US\$), 1995: 370, PPP estimates of GNP per capita (current int'l \$), 1995: 1760.

Average distribution of labour force by sector, 1990-1992 : agriculture 70%; industry 7%; services 23%

Adult literacy rate (per cent), 1995 : total 37; male 49; female 26

### Alcohol consumption and prevalence



### Consumption

Recorded adult consumption of alcohol peaked in 1977 but has declined since that time. The recorded beverage of choice is distilled spirits, which are imported. There is no information available on consumption of smuggled or informally- or home-produced alcoholic beverages.

## Botswana

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	906 000	1 276 000	1 487 000
Adult (15+)	466 000	701 000	843 000
% Urban	15.1	23.1	28.1
% Rural	84.9	76.9	71.9

### Health status

Life expectancy at birth, 1990-1995 : 63 (males), 66.7 (females)

Infant mortality rate in 1990-1995 : 43 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 3020, PPP estimates of GNP per capita (current int'l \$), 1995: 5580.

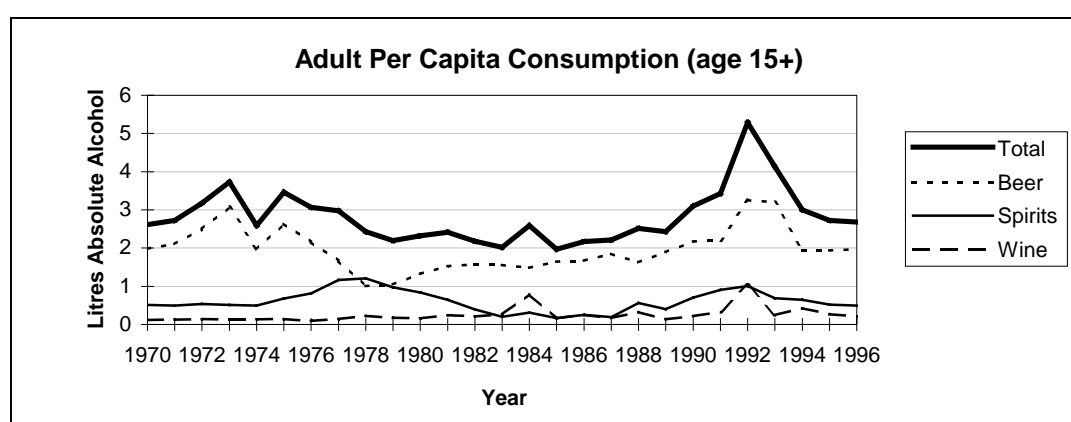
Average distribution of labour force by sector, 1990-1992 : agriculture 28%; industry 11%; services 61%

Adult literacy rate (per cent), 1995 : total 70; male 81; female 60

### Alcohol production, trade and industry

South African Breweries owns the Kgalagadi Brewery. The government's Botswana Development Corporation owns a majority share in Botswana Breweries, which has production facilities in Gaborone, Francistown, Maun and Lobatse. South African Breweries owns 40 per cent of Botswana Breweries, and manages the company for the government.

### Alcohol consumption and prevalence



#### Consumption

Recorded beer production peaked in 1992 and 1993, as a result of an increase in beer imports. An estimated 20 to 30 per cent of rural households are regularly involved in brewing traditional beers, and at least 90 per cent of these brews are produced for sale. However, smuggled or home or informal consumption and production is probably not reflected in the above graph.

#### Prevalence

A 1986 survey sampled a diverse array of workplaces nationwide, and drew a stratified sample by occupational category within each workplace. Half the respondents reported that they drank alcoholic beverages, and more males than females reported current alcohol-drinking. The survey evidence indicated that only a small number of the employed drinkers could be classified as problem drinkers, but this conclusion was viewed as unconvincing by the interviewers, given the high degree of reluctance on the part of the respondents, and what was estimated to be substantial under-reporting of alcohol-related problems.

### Mortality, morbidity, health and social problems from alcohol use

#### Motor Vehicle Crash Morbidity and Mortality

	1982	1983	1984	1985
Total Motor Vehicle Crashes	2648	2893	3300	3521
Alcohol-Related Crashes	214	237	350	402
Total Persons Killed	130	176	168	198
Alcohol-Related Deaths	13	11	13	28
Total Persons Injured	406	329	520	698
Alcohol-Related Injuries	26	36	42	51

**Mortality**

Between 1979 and 1984 recorded total deaths from chronic liver disease dropped from 42 to 25.

**Morbidity**

The number of inpatients with chronic liver disease rose from 124 to 184 between 1980 and 1984. Inpatients admitted to psychiatric units because of alcohol psychosis increased from 91 to 106 between 1980 and 1984, and outpatients admitted to the same units for alcohol dependence syndrome rose from 112 to 334 during the same period. Data from Lobatse Mental Hospital, Botswana's only national mental hospital, indicate that in 1994, 152 admissions for alcohol-related problems accounted for 18 per cent of total admissions, while 241 alcohol-related outpatient attendances made up seven per cent of total outpatient attendances. Patients with alcohol-related problems were noted to make little use of outpatient clinics, seeking help mainly at very advanced states when inpatient care was inevitable. Males were responsible for 80 per cent of all admissions and 76 per cent of all outpatient attendances for alcohol-related disorders.

At outpatient clinics run by the Princess Marina Psychiatric Unit in Gaborone and in the Kgatleng and south-east districts, alcohol-related problems accounted for five per cent, four per cent and six per cent respectively of attendees at the clinics.

**Alcohol policies****Control of alcohol products**

Hours of alcohol sales and service are limited. Bottle stores conduct business between 10:00 and 19:00 hours and close on Sundays. On-premises drinking establishments are open from 10:00 to 23:00 hours from Monday to Thursday, and until midnight on Friday and Saturday. On Sundays, they must close at 22:00 hours.

**Control of alcohol problems**

In 1985 the Minister of Health urged that "a link between the health services and places of work must be established." The Occupational Health Unit (OHU) in the Ministry of Health has fostered this relationship. A team of health care workers from the OHU pays regular visits to economic establishments in both rural and urban areas. The OHU works closely with the Health Education Unit, the Department of Broadcasting and Information, the Botswana Employers Federation and the Botswana Federation of Trade Unions to arrange seminars and other education concerning alcohol and other drug abuse.

## Burkina Faso

**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	6 957 000	8 987 000	10 319 000
Adult (15+)	3 903 000	5 025 000	5 686 000
% Urban	8.5	17.9	27.2
% Rural	91.5	82.2	72.8

**Health status**

Life expectancy at birth, 1990-1995 : 45.8 (males), 49 (females)

Infant mortality rate in 1990-1995 : 130 per 1000 live births

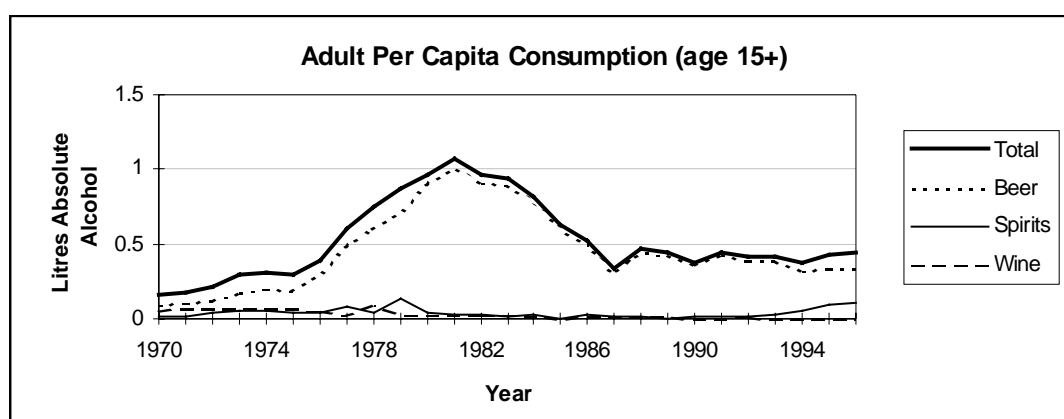
**Socioeconomic situation**

GNP per capita (US\$), 1995: 230, PPP estimates of GNP per capita (current int'l \$), 1995: 780.

Average distribution of labour force by sector, 1990-1992 : agriculture 87%; industry 4%; services 9%

Adult literacy rate (per cent), 1995 : total 19; male 29; female 9

## Alcohol consumption and prevalence



### Consumption

Rising consumption of beer fuelled an increase in overall alcohol consumption in the 1970s. However, beer consumption decreased from 1981, and by 1990 had nearly returned to its 1976 level. There is no information available on the amount of smuggled or informally- or home-produced alcohol consumed.

## Burundi

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	4 130 000	5 503 000	6 393 000
Adult (15+)	2 282 000	2 998 000	3 436 000
% Urban	4.3	6.3	7.5
% Rural	95.7	93.7	92.5

### Health status

Life expectancy at birth, 1990-1995 : 48.4 (males), 51.9 (females)

Infant mortality rate in 1990-1995 : 102 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 160, PPP estimates of GNP per capita (current int'l \$), 1995: 630.

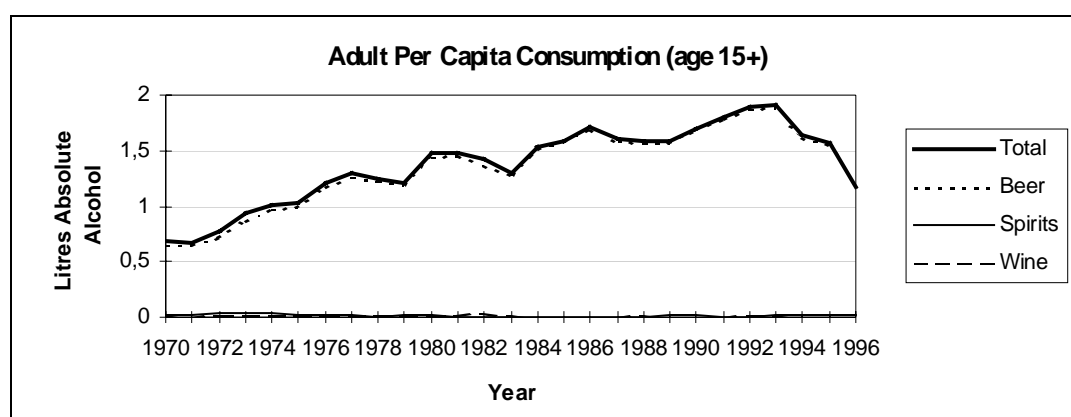
Average distribution of labour force by sector, 1990-1992 : agriculture 92%; industry 2%; services 6%

Adult literacy rate (per cent), 1995 : total 35; male 49; female 22

### Alcohol production, trade and industry

Heineken NV owns 60 per cent of the Burundi Brewery.

## Alcohol consumption and prevalence



### Consumption

Industrial production of clear beer rose steadily in Burundi from 1970 until 1993. During the late 1990s recorded consumption declined. There are no data available regarding consumption of smuggled or informal or home produced alcohol.

### Economic impact of alcohol

The Brarudi Brewery is Burundi's largest source of tax revenue, providing 27 per cent of the government's income in 1995, and 40 per cent in 1996.

### Mortality, morbidity, health and social problems from alcohol use

#### Morbidity

A 1993 study looked at pancreatic juice composition in 29 people. The study found that chronic pancreatitis was associated with a high alcohol consumption.

### Alcohol policies

#### Alcohol data collection, research and treatment

A local chapter of the International Organisation of Good Templars, a primarily Scandinavia-based global temperance organization, offers seminars and provides community education on alcohol and other drugs.

## Cameroon

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	8 665 000	11 526 000	13 233 000
Adult (15+)	4 814 000	6 377 000	7 409 000
% Urban	31.4	40.3	44.9
% Rural	68.6	59.7	55.1

### Health status

Life expectancy at birth, 1990-1995 : 54.5 (males), 57.5 (females)

Infant mortality rate in 1990-1995 : 63 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 650, PPP estimates of GNP per capita (current int'l \$), 1995: 2110.

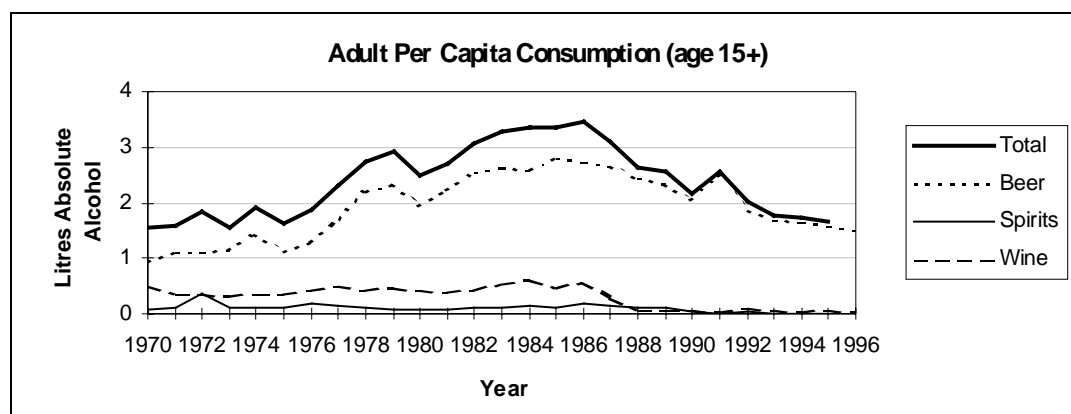
Average distribution of labour force by sector, 1990-1992 : agriculture 79%; industry 7%; services 14%

Adult literacy rate (per cent), 1995 : total 63; male 75; female 52

### Alcohol production, trade and industry

Cameroon has a thriving brewing industry. Leading breweries include Union of Cameroon Breweries, International Breweries, NOBRA and Guinness Cameroon S.A. The latter, a fully-owned subsidiary of Guinness PLC, is highly visible due to its frequent sponsorship of sporting events.

### Alcohol consumption and prevalence



#### *Consumption*

Beer consumption in Cameroon grew steadily through 1986, but declined substantially thereafter. All recorded consumption of wine and spirits comes from imported beverages. Imports in both categories decreased substantially in 1988. There is no information available on consumption of smuggled or home- or informally-produced alcohol.

#### *Prevalence*

Imputed consumption figures such as those given above do not correspond with interview data on drinking patterns. A 1990 study of drinking in three areas, two rural and one urban, interviewed 602 persons. Of these, 60 per cent reported drinking alcohol regularly and 70 per cent reported drinking on feast days. The entire sample averaged 58 grams of alcohol per day, while regular drinkers averaged 78 grams of alcohol per day. Illiterate males were most likely to drink heavily and often. Spirits and mixed drinks were the most common beverages consumed.

### Economic impact of alcohol

In 1990, 42 per cent of national tax revenues came from locally produced beer and soft drinks.

### Alcohol policies

#### *Control of alcohol products*

There was a 180 per cent import tax on alcoholic beverages as of the 1989-1990 fiscal year. Retail sales of alcohol are controlled through licences issued by divisional officers of the government.

#### *Control of alcohol problems*

The Cameroon Association for the Prevention of Alcoholism and Drug Addiction is a non-governmental organization involved in prevention and public education, as well as lobbying for preventive alcohol and other drug policies.



# Cape Verde

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	289 000	341 000	392 000
Adult (15+)	157 000	191 000	227 000
% Urban	23.5	44.2	54.3
% Rural	76.5	55.8	45.7

## Health status

Life expectancy at birth, 1990-1995 : 63.5 (males), 65.5 (females)

Infant mortality rate in 1990-1995 : 50 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 960, PPP estimates of GNP per capita (current int'l \$), 1995: 1870.

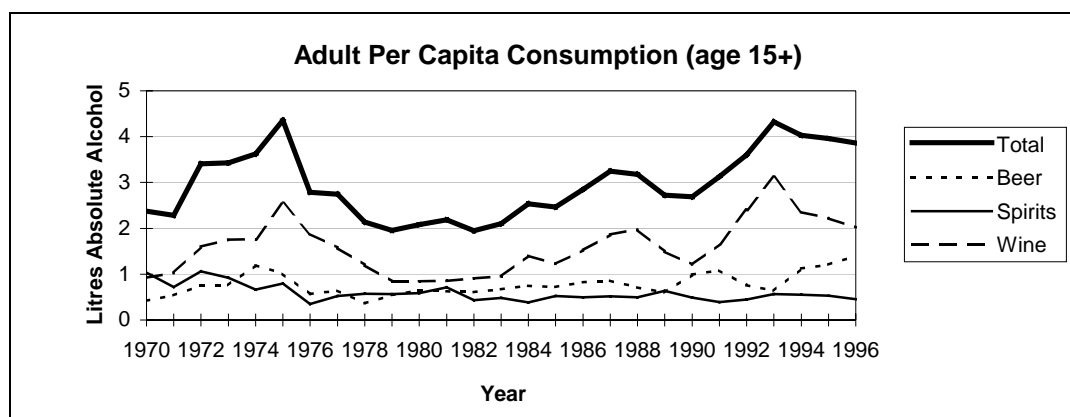
Average distribution of labour force by sector, 1990-1992 : agriculture 31%; industry 6%; services 63%

Adult literacy rate (per cent), 1995 : total 72; male 81; female 64

## Alcohol production, trade and industry

Domestic production of beer began in 1988, and rapidly supplanted imports as the principal source of recorded beer production.

## Alcohol consumption and prevalence



### *Consumption*

Wine, the alcoholic beverage of choice, comes entirely from imports. The domestic spirits industry has produced a steady small supply since 1980. There is no information available on consumption of smuggled or home- or informally-produced alcohol

## Central African Republic (the)

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	2 313 000	2 927 000	3 315 000
Adult (15+)	1 348 000	1 677 000	1 900 000
% Urban	35.1	37.5	39.3
% Rural	64.9	62.5	60.8

### Health status

Life expectancy at birth, 1990-1995 : 46.9 (males), 51.9 (females)

Infant mortality rate in 1990-1995 : 102 per 1000 live births

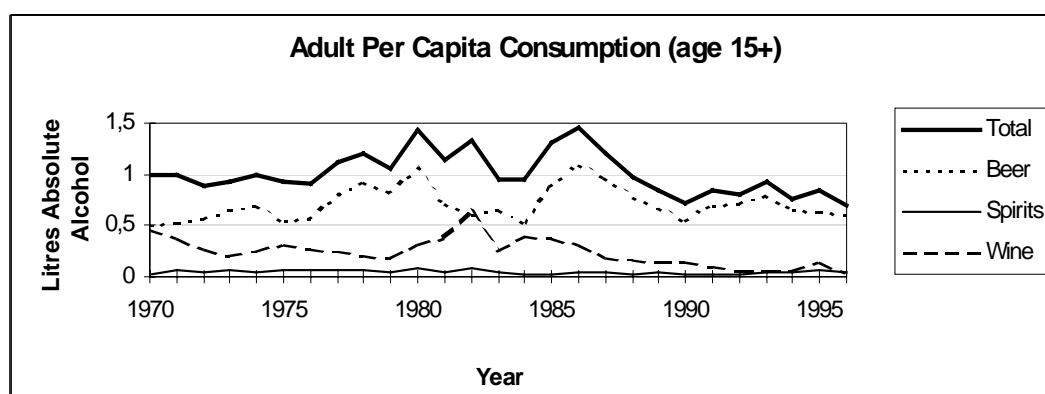
### Socioeconomic situation

GNP per capita (US\$), 1995: 340, PPP estimates of GNP per capita (current int'l \$), 1995: 1070.

Average distribution of labour force by sector, 1990-1992 : agriculture 81%; industry 3%; services 16%

Adult literacy rate (per cent), 1995 : total 60; male 68; female 52

### Alcohol consumption and prevalence



### Consumption

Beer is the alcoholic beverage of choice, but recorded consumption has fluctuated substantially, albeit at a low level, in the past 25 years. There is no information available on consumption of smuggled or home- or informally-produced alcohol.

## Chad

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	4 477 000	5 553 000	6 361 000
Adult (15+)	2 600 000	3 149 000	3 600 000
% Urban	18.7	20.5	21.4
% Rural	81.3	79.5	78.6

### Health status

Life expectancy at birth, 1990-1995 : 45.9 (males), 49.1 (females)

Infant mortality rate in 1990-1995 : 122 per 1000 live births

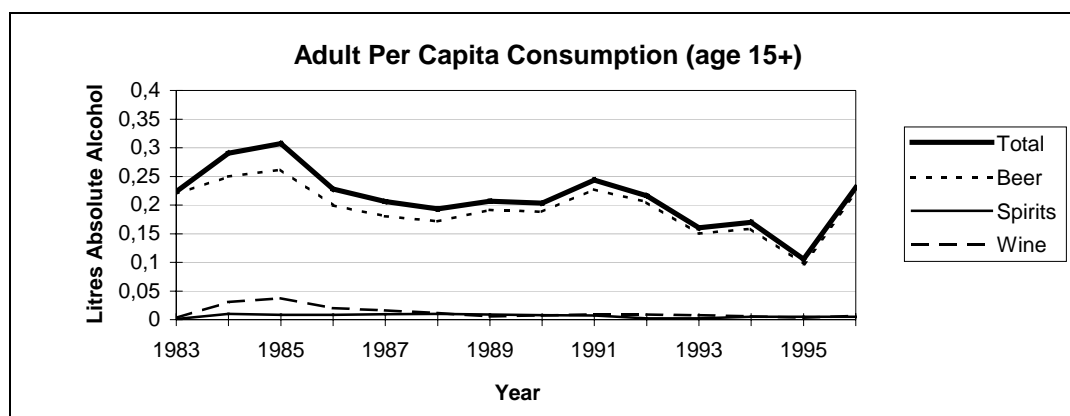
### Socioeconomic situation

GNP per capita (US\$), 1995: 180, PPP estimates of GNP per capita (current int'l \$), 1995: 700.

Average distribution of labour force by sector, 1990-1992 : agriculture 83%; industry 5%; services 12%

Adult literacy rate (per cent), 1995 : total 48; male 62; female 35.

### Alcohol consumption and prevalence



#### Consumption

Recorded consumption of alcohol is extremely low. There are no data available on consumption of smuggled or home brewed or other informally-produced alcohol.

## Comoros

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	383 000	543 000	653 000
Adult (15+)	199 000	281 000	337 000
% Urban	23.2	27.8	30.7
% Rural	76.8	72.2	69.3

### Health status

Life expectancy at birth, 1990-1995 : 55.5 (males), 56.5 (females)

Infant mortality rate in 1990-1995 : 89 per 1000 live births

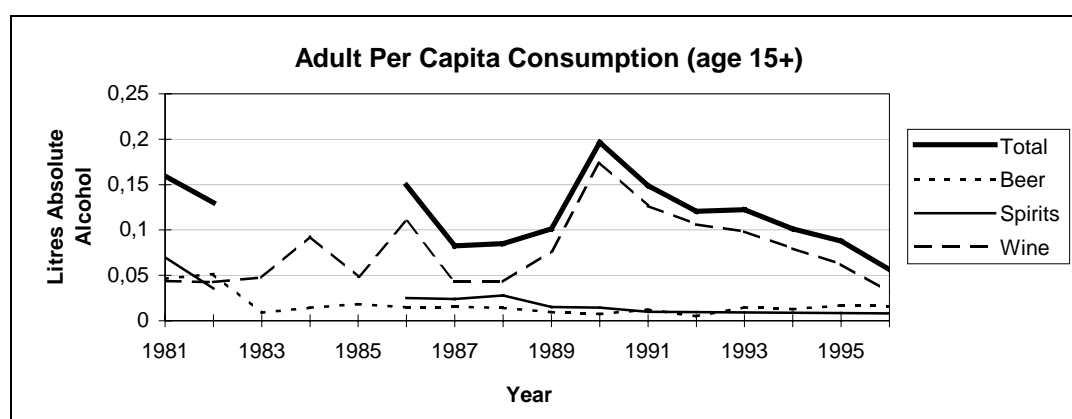
### Socioeconomic situation

GNP per capita (US\$), 1995: 470, PPP estimates of GNP per capita (current int'l \$), 1995: 1320.

Average distribution of labour force by sector, 1990-1992 : agriculture 83%; industry 6%; services 11%

Adult literacy rate (per cent), 1995 : total 57; male 64; female 50

## Alcohol consumption and prevalence



### Consumption

All recorded alcohol consumption comes from imported beverages. Recorded consumption is very low, and comes primarily from wine.

## Congo (the)

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	1 669 000	2 232 000	2 590 000
Adult (15+)	916 000	1 221 000	1 408 000
% Urban	41.0	53.5	58.8
% Rural	59.0	46.5	41.2

### Health status

Life expectancy at birth, 1990-1995 : 48.9 (males), 53.8 (females)

Infant mortality rate in 1990-1995 : 84 per 1000 live births

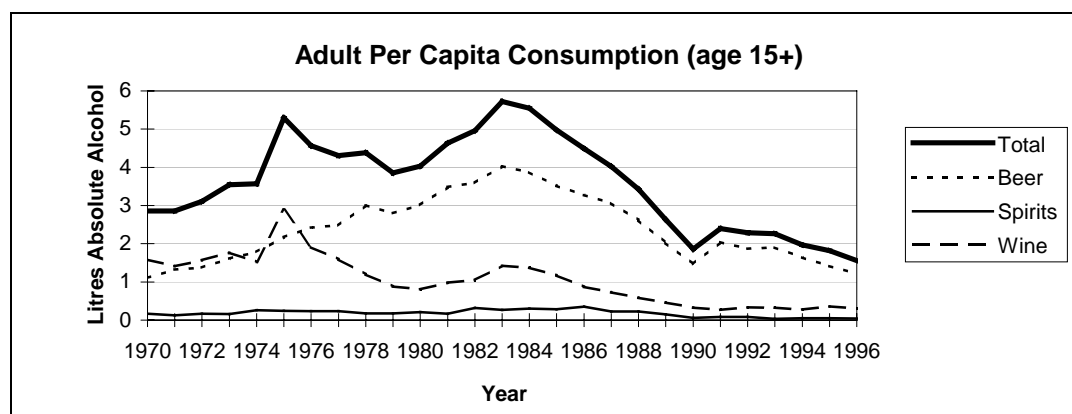
### Socioeconomic situation

GNP per capita (US\$), 1995: 680, PPP estimates of GNP per capita (current int'l \$), 1995: 2050.

Average distribution of labour force by sector, 1990-1992 : agriculture 62%; industry 12%; services 26%

Adult literacy rate (per cent), 1995 : total 75; male 83; female 67

## Alcohol consumption and prevalence



### Consumption

The Congo's beer consumption is primarily from domestic production, but recorded wine and spirits consumption is entirely from imports. There is no information available on consumption of smuggled or home- or informally-produced alcohol.

## Côte d'Ivoire

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	8 194 000	11 974 000	14 253 000
Adult (15+)	4 378 000	6 201 000	7 251 000
% Urban	34.8	40.4	43.6
% Rural	65.2	59.6	56.4

### Health status

Life expectancy at birth, 1990-1995 : 49.7 (males), 52.4 (females)

Infant mortality rate in 1990-1995 : 92 per 1000 live births

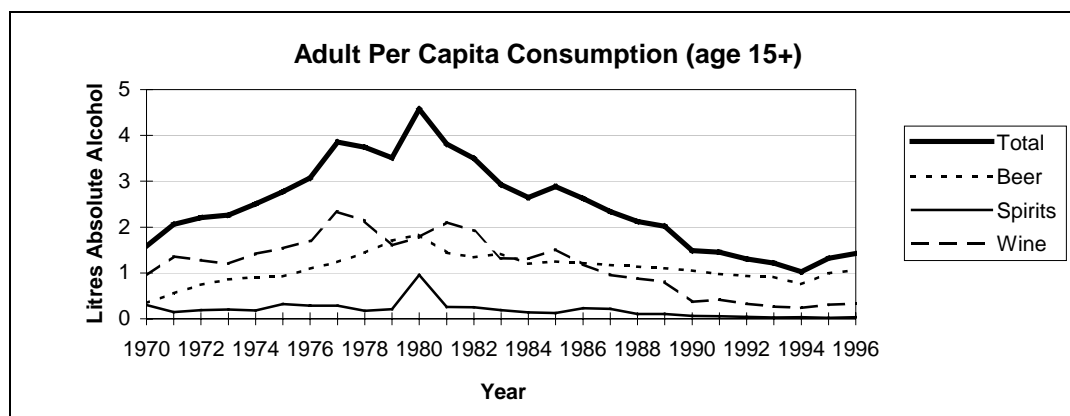
### Socioeconomic situation

GNP per capita (US\$), 1995: 660, PPP estimates of GNP per capita (current int'l \$), 1995: 1580.

Average distribution of labour force by sector, 1990-1992 : agriculture 65%; industry 8%; services 27%

Adult literacy rate (per cent), 1995 : total 40; male 50; female 30

### Alcohol consumption and prevalence



### Consumption

Recorded wine and spirits consumption comes entirely from imported beverages. Recorded beer consumption peaked in 1980, and then fell steadily until 1994. There is no information available on consumption of smuggled or home- or informally-produced alcohol.

## The Democratic Republic of The Congo

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	27 009 000	37 436 000	43 901 000
Adult (15+)	14 571 000	19 728 000	22 835 000
% Urban	28.7	28.1	29.1
% Rural	71.3	71.9	70.9

### Health status

Life expectancy at birth, 1990-1995 : 50.4 (males), 53.7 (females)

Infant mortality rate in 1990-1995 : 93 per 1000 live births

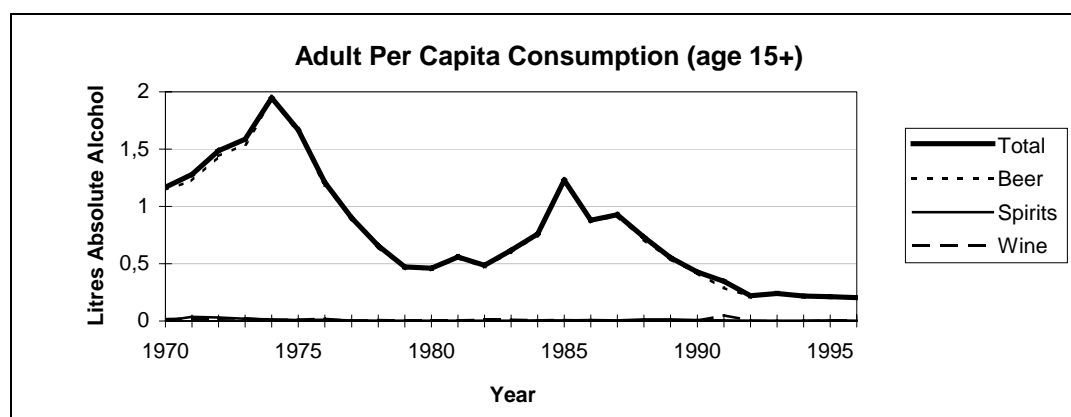
### Socioeconomic situation

GNP per capita (US\$), 1995: 120, PPP estimates of GNP per capita (current int'l \$), 1995: 490.

Average distribution of labour force by sector, 1990-1992 : agriculture 71%; industry 13%; services 16%

Adult literacy rate (per cent), 1995 : total 85; male 90; female 80

### Alcohol consumption and prevalence



### Consumption

There is no information on domestic spirits production after 1973. Recorded beer consumption has fallen fairly steadily over the past decade. There is no information available on consumption of smuggled or home- or informally-produced alcoholic beverages.

## Ethiopia

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	36 368 000	47 423 000	55 053 000
Adult (15+)	19 600 000	25 761 000	29 523 000
% Urban	10.5	12.3	13.4
% Rural	89.5	87.7	86.6

### Health status

Life expectancy at birth, 1990-1995 : 45.9 (males), 49.1 (females)

Infant mortality rate in 1990-1995 : 119 in 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 100, PPP estimates of GNP per capita (current int'l \$), 1995: 450.

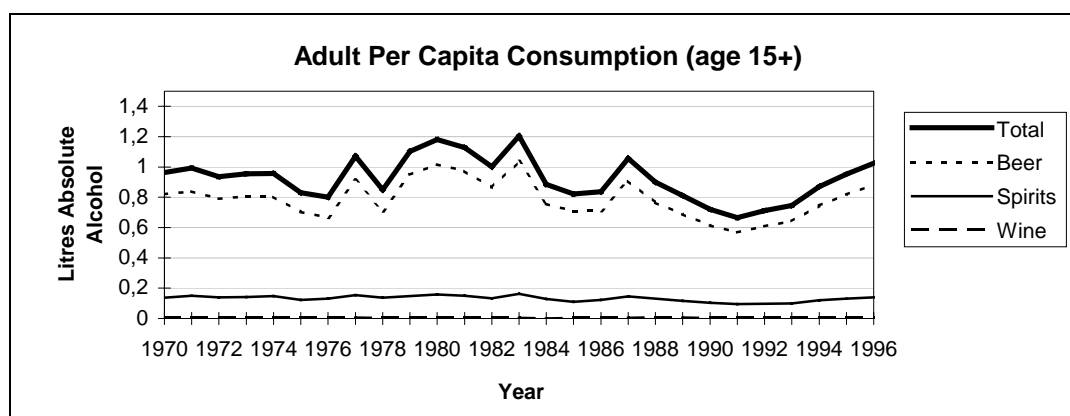
Average distribution of labour force by sector, 1990-1992 : agriculture 88%; industry 2%; services 10%

Adult literacy rate (per cent), 1995 : total 25; male 46; female 25

### Alcohol production, trade and industry

Ethiopia produces beer, distilled spirits and wine. South African Breweries is moving forward on plans to construct a US\$ 40 million brewery in Ethiopia.

### Alcohol consumption and prevalence



#### Consumption

Ethiopian alcohol consumption is low by world standards. Alcohol consumption peaked in 1983, and then fell substantially before beer and spirits consumption began to increase slightly in the mid-1990s.

#### Prevalence

A 1989 survey of 519 high school students in the capital city of Addis Ababa found that 9.2 per cent "consumed alcohol heavily" according to self-reports (no definition of "heavily" was given in the study). The prevalence of current alcohol use among university students in Northwest Ethiopia in 1988 was 31.1 per cent. Alcohol was also frequently used in combination with tobacco and the stimulant *khat*.

### Mortality, morbidity, health and social problems from alcohol use

#### Mortality

A 1993 study of attempted suicides in Ethiopian adolescents in Addis Ababa high schools noted a strong linear relationship between alcohol intake and suicide attempts.

## Gabon

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	806 000	1 146 000	1 320 000
Adult (15+)	542 000	727 000	804 000
% Urban	35.8	45.7	50.0
% Rural	64.2	54.3	50.0

## Health status

Life expectancy at birth, 1990-1995 : 51.9 (males), 55.2 (females)

Infant mortality rate in 1990-1995 : 94 per 1000 live births

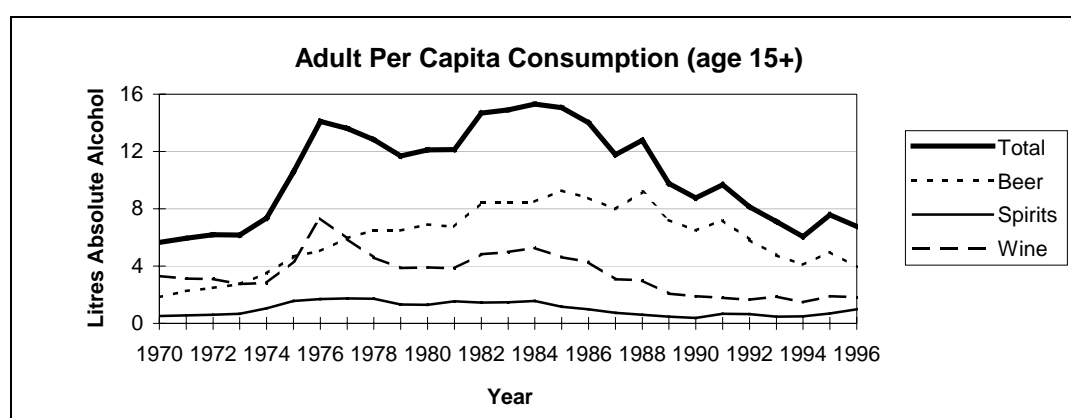
## Socioeconomic situation

GNP per capita (US\$), 1995: 3490.

Average distribution of labour force by sector, 1990-1992 : agriculture 75%; industry 11%; services 14%

Adult literacy rate (per cent), 1995 : total 63; male 74; female 53

## Alcohol consumption and prevalence



### Consumption

The bulk of Gabon's alcohol consumption comes from the country's recorded domestic beer production. Spirits and wine are imported. There is no information available on consumption of smuggled or home- informally produced alcohol.

## Gambia (the)

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	641 000	923 000	1 118 000
Adult (15+)	369 000	533 000	657 000
% Urban	18.2	22.6	25.5
% Rural	81.8	77.3	74.5

### Health status

Life expectancy at birth, 1990-1995 : 43.4 (males), 46.6 (females)

Infant mortality rate in 1990-1995 : 132 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 320, PPP estimates of GNP per capita (current int'l \$), 1995: 930.

Average distribution of labour force by sector, 1990-1992 : agriculture 84%; industry 7%; services 9%

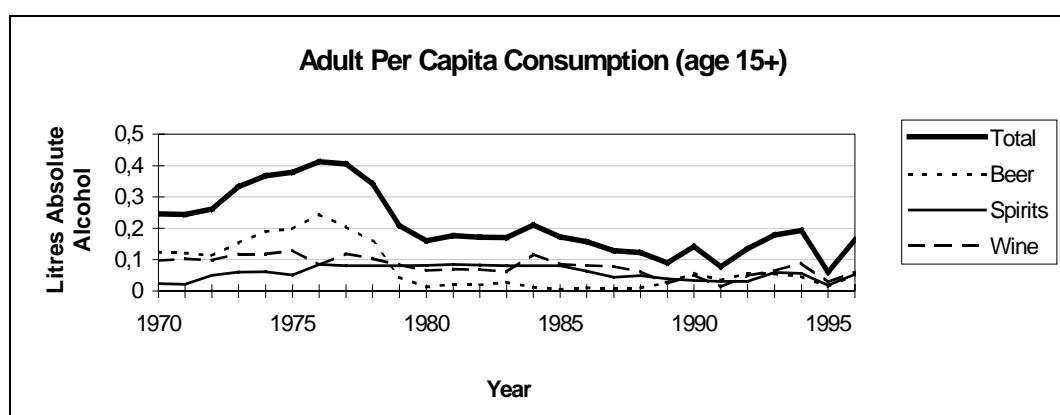
Adult literacy rate (per cent), 1995 : total 39; male 53; female 25

### Alcohol production, trade and industry

The Gambia produces beer, distilled spirits and wine.



## Alcohol consumption and prevalence



### Consumption

Recorded alcohol consumption in the Gambia is very low. However, there is no information available on consumption of alcoholic beverages produced at home or by the informal sector.

### Alcohol policies

#### Control of alcohol products

The Liquor Licensing Act requires a licence to sell alcohol. Off-premise consumption hours are 08:00 to 22:00 hours on weekdays. The selling of alcohol to persons under the age of 16 is punishable by a fine.

The government uses duties on alcohol production and imports to curtail alcohol consumption. These duties on alcohol are increased annually. High import duties serve the additional purpose of protecting local brewing industries such as Banjul Brewery.

#### Alcohol data collection, research and treatment

Medical personnel at the Royal Victoria Hospital, private doctors and psychiatric nurses offer treatment for patients with alcohol-related problems, the latter becoming involved when alcohol and psychiatric problems occur in tandem. In collaboration with Gampama Mental Home, the Social Welfare Department provides counselling and follow-up services for patients with alcohol-related problems.

## Ghana

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	10 735 000	15 020 000	17 453 000
Adult (15+)	5 919 000	8 206 000	9 552 000
% Urban	31.2	34.0	36.3
% Rural	68.8	66.0	63.7

### Health status

Life expectancy at birth, 1990-1995 : 54.2 (males), 57.8 (females)

Infant mortality rate in 1990-1995 : 81 per 1000 live births

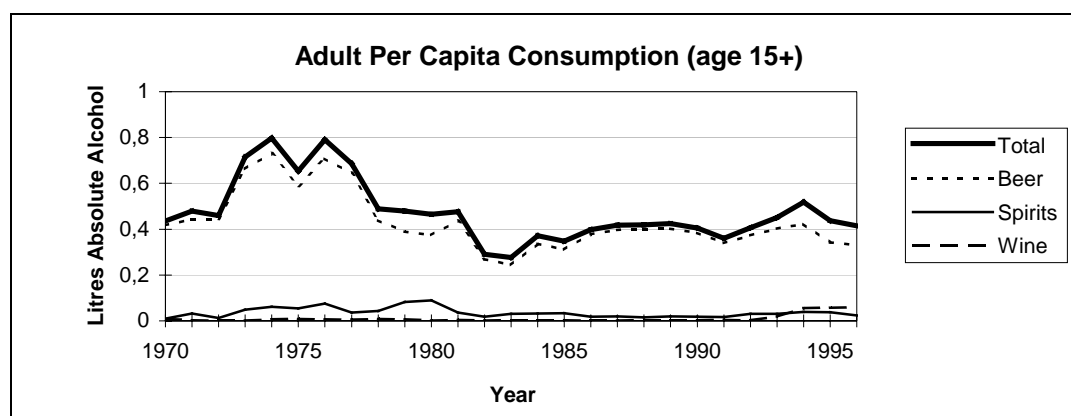
### Socioeconomic situation

GNP per capita (US\$), 1995: 390, PPP estimates of GNP per capita (current int'l \$), 1995: 1990.

Average distribution of labour force by sector, 1990-1992 : agriculture 59%; industry 11%; services 30%

Adult literacy rate (per cent), 1995 : total 65; male 76; female 54

### Alcohol consumption and prevalence



#### Consumption

The bulk of the beer consumed in Ghana is produced locally. Recorded local spirits production ceased in 1975. Wine drinking is rare, and all recorded wine consumption comes from imports. Both spirits and wine imports increased sharply during the 1990s, but overall adult consumption of absolute alcohol remained at less than one-half litre in this period. There is no information available on consumption of smuggled or home- or informally produced alcohol.

## Guinea

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	4 461 000	5 755 000	6 700 000
Adult (15+)	2 420 000	3 067 000	3 543 000
% Urban	19.1	25.8	29.6
% Rural	80.9	74.2	70.4

### Health status

Life expectancy at birth, 1990-1995 : 44 (males), 45 (females)

Infant mortality rate in 1990-1995 : 134 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 550.

Average distribution of labour force by sector, 1990-1992 : agriculture 78%; industry 1%; services 21%

Adult literacy rate (per cent), 1995 : total 36; male 50; female 22

### Alcohol consumption and prevalence

YEAR	PRODUCT	ADULT PER CAPITA CONSUMPTION (litres absolute alcohol)
1970	Wine	0.005606
1992	Beer	0.147192

**Consumption**

There is no information available regarding recorded consumption of spirits in Guinea. Figures for wine from 1970 and for beer from 1992 show an extremely low level of recorded alcohol consumption. There is no information available regarding consumption of smuggled or home- or informally-produced alcohol.

## Guinea-Bissau

**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	795 000	964 000	1 073 000
Adult (15+)	485 000	570 000	627 000
% Urban	16.8	19.9	22.2
% Rural	83.2	80.1	77.8

**Health status**

Life expectancy at birth, 1990-1995 : 41.9 (males), 45.1 (females)

Infant mortality rate in 1990-1995 : 140 per 1000 live births

**Socioeconomic Situation**

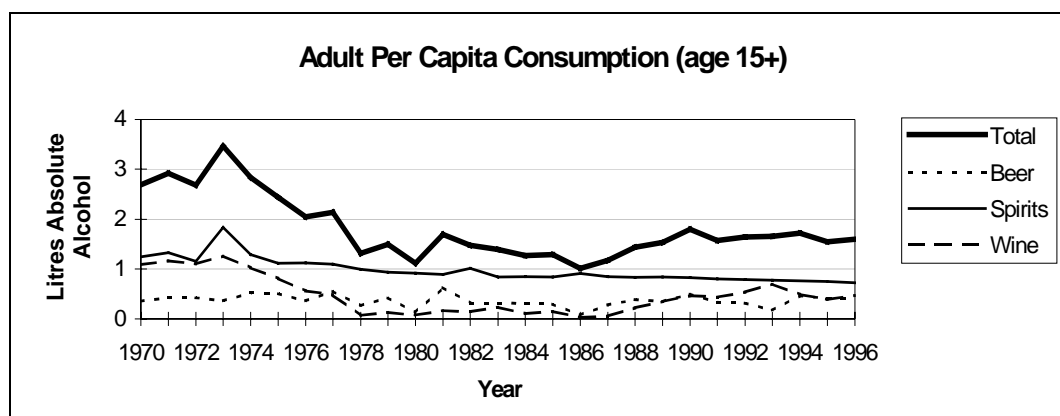
GNP per capita (US\$), 1995: 250, PPP estimates of GNP per capita (current int'l \$), 1995: 790.

Average distribution of labour force by sector, 1990-1992 : agriculture 82%; industry 4%; services 14%

Adult literacy rate (per cent), 1995 : total 55; male 68; female 42

**Alcohol production, trade and industry**

Guinea-Bissau produces beer and distilled spirits and imports wine.

**Alcohol consumption and prevalence****Consumption**

Recorded production, trade and imputed consumption of alcohol in Guinea-Bissau is fairly low. Distilled spirits is the alcoholic beverage of choice. There are no data available on consumption of smuggled or home- or other informally-produced alcoholic beverages.

# Kenya

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	16 632 000	23 613 000	28 261 000
Adult (15+)	8 300 000	12 005 000	14 873 000
% Urban	16.1	23.6	27.7
% Rural	83.9	76.4	72.3

## Health status

Life expectancy at birth, 1990-1995 : 54.2 (males), 57.3 (females)

Infant mortality rate in 1990-1995 : 69 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 280, PPP estimates of GNP per capita (current int'l \$), 1995: 1380.

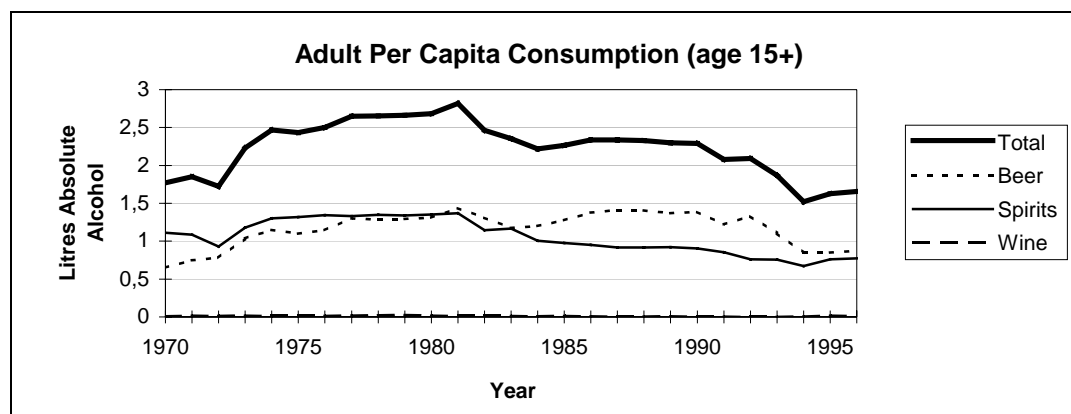
Average distribution of labour force by sector, 1990-1992 : agriculture 81%; industry 7%; services 12%

Adult literacy rate (per cent), 1995 : total 78; male 86; female 70

## Alcohol production, trade and industry

Kenya Breweries Ltd (KBL) is the leading brewer in Kenya. In 1985, its turnover amounted to approximately US\$ 191 million, about US\$ 112 million of which went to the Treasury. KBL is a public company wholly owned by East African Breweries, and is the only producer of bottled beer in the country. The Kenyan Government, through its development companies, is the majority shareholder. KBL is one of the leading industrial enterprises in the country, employing about 3500 people directly and more than 50 000 indirectly.

## Alcohol consumption and prevalence



### Consumption

An estimated 80 to 90 per cent of Kenya's total alcohol comes from small-scale production within the informal sector, using traditional and local African methods of brewing and distilling. In 1978, illegally distilled *chang'aa* (a local spirits product containing up to 50 per cent alcohol) accounted for an estimated 36.5 per cent of total alcohol consumption, home-brewed traditional drinks accounted for 46.3 per cent and total unregistered consumption was estimated at 43.30 million litres of absolute alcohol. This implies a total consumption of approximately 8.25 litres of absolute alcohol per adult in 1978.

***Prevalence***

A 1987 WHO collaborative study recruited 291 subjects in three categories - drinking patients, heavy drinkers and abstainers - from patients attending general hospitals, emergency units and primary health care facilities. The average drinking patient (27.1 per cent of the interviewees) in a typical month consumed 97 grams per day, while heavy drinkers (19.3 per cent of the sample) averaged 237 grams per day. Drinkers in both categories were likely to drink frequently: in the past year, drinking patients had four drinks or more on a single occasion 98 times, while heavy drinkers had done so 249 times.

***Age patterns***

A 1989 survey of 2059 secondary school students in Nakuru found that 12 per cent of males reported drinking beer and 2 per cent reported drinking *chang'aa*, versus 3 per cent and 0.5 per cent respectively for females. A three-year study completed in 1995 of alcohol and other drug use in secondary schools and teacher training colleges nationwide surveyed 2381 students. Of these, 42 per cent had used beer or wine, 31.5 per cent had used spirits, and 22 per cent had drunk *chang'aa*.

***Alcohol use among population subgroups***

The same three-year study also gathered data from 884 teachers and parents. Of these, 41.2 per cent reported regular use of beer, 33.3 per cent reported regular use of spirits, 42.7 per cent used wine regularly and 8.3 per cent regularly used *chang'aa*.

**Economic impact of alcohol**

Approximately 10 per cent of national government revenue is derived from alcohol.

**Mortality, morbidity, health and social problems from alcohol use*****Morbidity***

A 1985 survey of 881 randomly selected patients attending outpatient clinics in four rural district hospitals in representative areas of Kenya diagnosed 3.1 per cent as alcohol dependents fitting ICD categories 291 and 300. Three quarters of the alcohol dependents were males.

***Social problems***

According to police statistics, the number of people apprehended for driving a motor vehicle under the influence of alcohol or other drugs rose from 171 to 272 between 1983 and 1985.

**Alcohol policies*****Control of alcohol products***

Beer is taxed an import duty of US\$ 0.60 per litre, an excise tax of US\$ 0.08 or US\$ 0.15 per litre, depending on original gravity, and a sales tax of US\$ 0.38 cents per litre. Wine has an import duty of 120 to 135 per cent of import value, and a 35 per cent sales tax. Spirits have an import duty of US\$ 7.22 per proof litre, an excise tax of US\$ 3.58 per proof litre and a 50 per cent sales tax.

The Liquor Licensing Act regulates the production and distribution of European-type alcoholic beverages that are imported or produced in Kenya. The Traditional Liquor Act regulates traditional African fermented beverages. Production of local spirits was banned by the *Chang'aa* Prohibition Act in 1980. According to the Liquor Licensing Act, licensees are forbidden from selling liquor to a person already in a state of intoxication or by any means encouraging or inciting him/her to drink liquor.

President Daniel Arap Moi ordered the closure of most of the on-premises drinking establishments that were licensed to brew and sell traditional African alcoholic beverages, and only a small number remain in the larger cities. No sales of alcohol are permitted to anyone under 18 years old, and alcohol advertising has been discontinued.

***Control of alcohol problems***

Drunkenness in a public place is punishable by arrest, imprisonment of up to three months, and a fine. The International Commission for the Prevention of Alcoholism and Drug Dependency is a governmental organization which deals with policy regarding alcohol-related problems. The Kenya

National Committee for the Prevention of Alcoholism and Drug Dependency works on similar issues as a nongovernmental organization.

In the absence of a legal BAC limit for motor vehicle operators and specific policies and strategies for discouraging driving under the influence of alcohol in Kenya, attempts by the traffic police to prosecute drunk drivers are unlikely to succeed.

## Lesotho

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	1 339 000	1 792 000	2 050 000
Adult (15+)	777 000	1 024 000	1 189 000
% Urban	13.3	19.4	23.1
% Rural	86.8	80.6	76.9

### Health status

Life expectancy at birth, 1990-1995 : 58 (males), 63 (females)

Infant mortality rate in 1990-1995 : 79 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 770, PPP estimates of GNP per capita (current int'l \$), 1995: 1780.

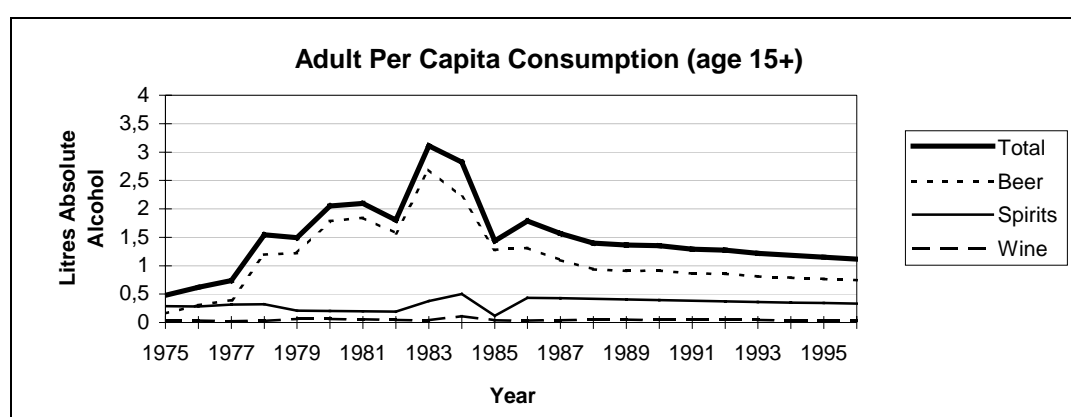
Average distribution of labour force by sector, 1990-1992 : agriculture 23%; industry 33%; services 44%

Adult literacy rate (per cent), 1995 : total 71; male 81; female 62

### Alcohol production, trade and industry

South African Breweries' subsidiary Indol International BV has 39 per cent of the stock in and manages a 350 000 hectolitre brewery in partnership with the Lesotho government. Estimated total national beer production in 1990 was 360 000 hectolitres, excluding home brew.

### Alcohol consumption and prevalence



### Consumption

Recorded alcohol consumption in Lesotho is driven primarily by beer consumption. This in turn is likely to be significantly under-reported due to the high number of adult drinkers who primarily drink home-brewed beer.

***Prevalence***

Close to three-quarters of adult drinkers identified in a 1996 baseline health study of 385 households in the Lesotho Highlands reported drinking home brew, with the remainder largely drinking industrialized beer. Almost half (47 per cent) of men and 19 per cent of women reported current alcohol use.

In a similar study in another part of the country in 1992, 42 per cent reported lifetime alcohol use (55 per cent of males and 35 per cent of females). Over one fifth of adult respondents reported daily use (23.3 per cent of males and 21.9 per cent of females). Approximately 44 per cent of men and 30 per cent of women reported drinking four or more times per week, and almost 30 per cent of men and 23 per cent of women reported drinking seven or more drinks per day on a typical drinking day. About 16 per cent of men and 11 per cent of women reported daily or almost daily drinking of six or more drinks on one occasion.

***Age patterns***

In the 1992 study, 16.9 per cent of respondents 15 to 29 years old, 48.8 per cent of respondents 30 to 45 years old, and 54.8 per cent of respondents 45 years and older reported current drinking. A national survey of secondary and high school students in 1989 indicated that 24.2 per cent of the total sample drank alcoholic beverages.

A 1989 interview survey of 1133 high school students aged 11 to 22 years found that about half of the students (54 per cent of the boys and 42 per cent of the girls) had drunk alcohol at some point in their lives. Drinking was positively associated with age, sex (male), drinking by friends, higher family income, and drinking in the family. No indication of widespread alcohol abuse was found, but about half of the students believed that moderate drinking is impossible and that the fun of drinking is to get drunk.

**Economic impact of alcohol**

In the 1995 Lesotho Highlands study, 27 per cent of the households sold *joala*, a homebrew, and 3.3 sold commercial beer. The mean monthly income from the sale of *joala* was 42.79 maloti. The mean monthly income from the sale of commercial beer was 110.50 maloti (US\$ 18.08).

An unpublished study from 1990/1991 estimated that sales of home brew accounted for 44.8 per cent and 60 per cent of household income in the Muela and Katse areas, while sale of commercial beer accounted for 8 per cent and 5.8 per cent respectively.

**Mortality, morbidity, health and social problems from alcohol use*****Alcohol dependence and related disorders***

In 1984, more than 15 per cent of the total admissions at the Zomba Mental Hospital were classified as "alcohol addicts".

***Morbidity***

A 1996 random, population-based survey found that 12 per cent of men and 6 per cent of women reported that they or others had been injured as a result of their drinking.

In a 1988 study of all patients with assault trauma entering Quthing District Hospital, alcohol was present in 47 per cent of incidents.

In 1984 a study of 257 pairs of cervical cancer patients and controls found an elevated risk of cancer in the cervix among Lesotho women who consumed locally-produced alcohol.

**Alcohol policies*****Control of alcohol products***

The Government Liquor Commission imposes a 15 per cent tax on imported beverages. The sale of alcoholic beverages to persons under the age of 18 is prohibited. Late hours liquor licences may be granted for single events, but may not be issued to any particular premises more than three times in a calendar week. An amendment to the Liquor Licensing Bill has been proposed which would

strengthen laws dealing with classes of licences, late hour licences, the supply of alcohol to minors and the employment of minors by liquor-related retail outlets.

#### ***Alcohol data collection, research and treatment***

The Community Alcohol Rehabilitation Centre (CARP - at Scott Hospital) is a nongovernmental organization that deals with abuse treatment, counselling and education. Blue Cross and the Christian Council of Lesotho both run alcohol treatment programmes and counselling sessions. There are two alcohol rehabilitation centres in Lesotho, but these are not easily accessible; 193 of 385 respondents in a 1996 health survey conducted in the Lesotho Highlands said it would be "difficult" or "very difficult" to reach mental health/substance abuse services. More than 80 per cent indicated that it would take them in excess of two hours to reach such services, and 14.8 per cent said that it would take 10 or more hours. Roughly two-thirds of respondents thought they would be able to afford such treatment. Over three-quarters felt that the treatment provided by the services would be successful, but men appeared to be less certain than women (67.1 per cent versus 81 per cent).

## **Liberia**

### **Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	1 876 000	2 575 000	3 039 000
Adult (15+)	1 045 000	1 409 000	1 641 000
% Urban	35.0	42.1	45.0
% Rural	65.0	57.9	55.0

### **Health status**

Life expectancy at birth, 1990-1995 : 54 (males), 57 (females)

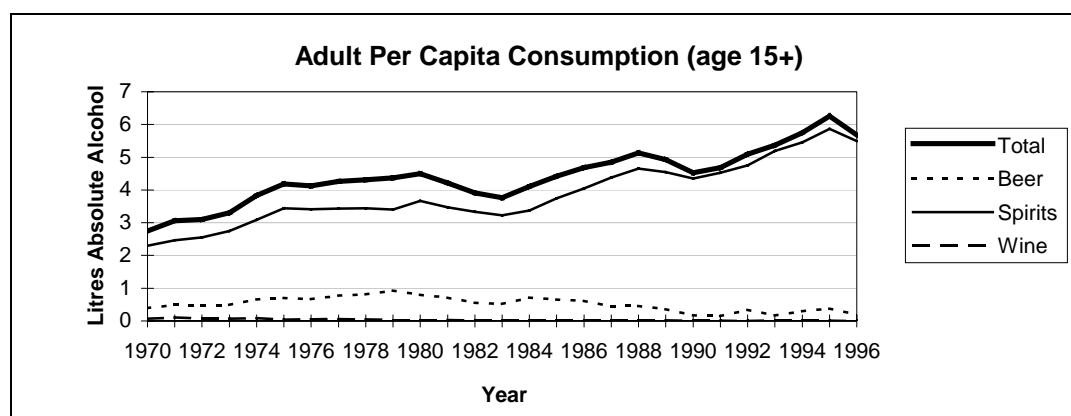
Infant mortality rate in 1990-1995 : 126 per 1000 live births

### **Socioeconomic situation**

Average distribution of labour force by sector, 1990-1992 : agriculture 75%; industry 9%; services 16%

Adult literacy rate (per cent), 1995 : total 38; male 54; female 22

### **Alcohol consumption and prevalence**



### **Consumption**

The bulk of recorded beer and spirits consumed are produced locally. Wine is imported. There is no information available on consumption of smuggled or home-or informally-produced alcohol.



# Madagascar

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	9 063 000	12 571 000	14 763 000
Adult (15+)	4 990 000	6 766 000	7 962 000
% Urban	18.3	23.8	27.1
% Rural	81.7	76.2	72.9

## Health status

Life expectancy at birth, 1990-1995 : 55 (males), 58 (females)

Infant mortality rate in 1990-1995 : 93 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 230, PPP estimates of GNP per capita (current int'l \$), 1995: 640.

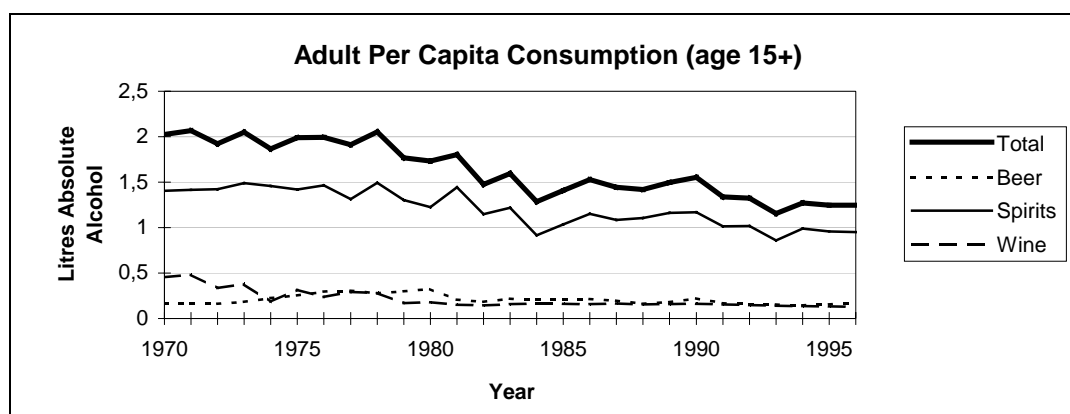
Average distribution of labour force by sector, 1990-1992 : agriculture 81%; industry 6%; services 13%

Adult literacy rate (per cent), 1995 : total 81; male 90; female 74

## Alcohol production, trade and industry

Madagascar produces beer, distilled spirits and wine.

## Alcohol consumption and prevalence



### Consumption

A former French colony, Madagascar has seen its recorded alcohol consumption decline steadily over the past 25 years, driven primarily by a decrease in spirits consumption. There is no information available on consumption of smuggled or home- or informally produced alcohol.

# Malawi

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	6 183 000	9 367 000	11 129 000
Adult (15+)	3 247 000	4 963 000	5 926 000
% Urban	9.1	11.8	13.5
% Rural	90.9	88.2	86.5

## Health status

Life expectancy at birth, 1990-1995 : 45 (males), 46.2 (females)

Infant mortality rate in 1990-1995 : 143 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 170, PPP estimates of GNP per capita (current int'l \$), 1995: 750.

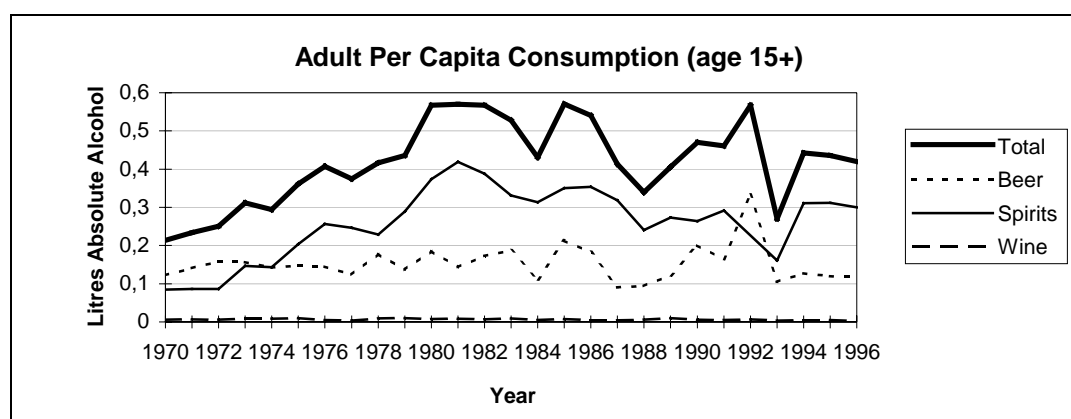
Average distribution of labour force by sector, 1990-1992 : agriculture 87%; industry 5%; services 8%

Adult literacy rate (per cent), 1995 : total 56; male 72; female 42

## Alcohol production, trade and industry

Malawi produces beer and distilled spirits.

## Alcohol consumption and prevalence



### Consumption

Recorded consumption of alcohol in Malawi is extremely low, and most of the consumption is attributable to spirits. There is no information available on consumption of smuggled or informal or home brewed produced alcohol.

## Alcohol policies

### Control of alcohol products

The Liquor Licensing Act regulates the availability and marketing of alcohol products through Liquor Licensing Boards in every jurisdiction.

# Mali

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	6 863 000	9 212 000	10 795 000
Adult (15+)	3 653 000	4 888 000	5 676 000
% Urban	18.5	23.8	27.0
% Rural	81.5	76.2	73.1

## Health status

Life expectancy at birth, 1990-1995 : 44.4 (males), 47.6 (females)

Infant mortality rate in 1990-1995 : 159 per 1000 live births

**Socioeconomic situation**

GNP per capita (US\$), 1995: 250, PPP estimates of GNP per capita (current int'l \$), 1995: 550.  
Average distribution of labour force by sector, 1990-1992 : agriculture 85%; industry 2%; services 13%  
Adult literacy rate (per cent), 1995 : total 31; male 39; female 23

**Alcohol consumption and prevalence****Consumption**

Recorded beer production and imputed consumption in Mali has kept pace with population growth in recent years, but remains at a very low level. Recorded consumption of spirits and wines, entirely from imported beverages, is also extremely low (approximately 0.04 litres of pure alcohol per adult). There is no information available regarding consumption of smuggled or informally- or home-produced alcohol.

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## Mauritania

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**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	1 551 000	2 003 000	2 274 000
Adult (15+)	876 000	1 117 000	1 293 000
% Urban	29.0	46.8	53.8
% Rural	71.0	53.2	46.2

**Health status**

Life expectancy at birth, 1990-1995 : 49.9 (males), 53.1 (females)  
Infant mortality rate in 1990-1995 : 101 per 1000 live births

**Socioeconomic situation**

GNP per capita (US\$), 1995: 460, PPP estimates of GNP per capita (current int'l \$), 1995: 1540.  
Average distribution of labour force by sector, 1990-1992 : agriculture 69%; industry 9%; services 22%  
Adult literacy rate (per cent), 1995 : total 38; male 50; female 26

**Alcohol consumption and prevalence**

In a country where 99 per cent of the population professes allegiance to Islam, there have been no reports of alcohol production or trade since 1972, when per capita consumption of absolute alcohol (imputed from import data for beer, wine and spirits) was approximately one-tenth of a litre per adult.

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## Mauritius

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**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	966 000	1 057 000	1 117 000
Adult (15+)	622 000	744 000	808 000
% Urban	42.3	40.5	40.6
% Rural	57.7	59.5	59.4

## Health status

Life expectancy at birth, 1990-1995 : 66.9 (males), 73.8 (females)

Infant mortality rate in 1990-1995 : 18 per 1000 live births

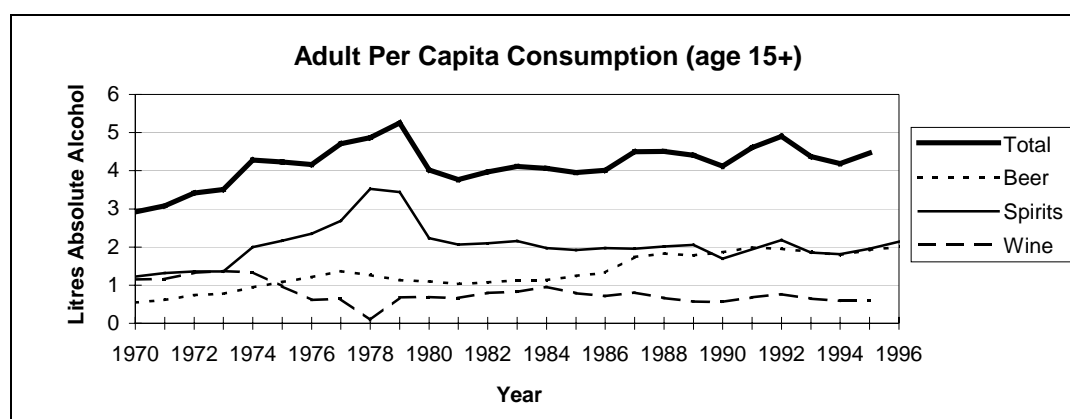
## Socioeconomic situation

GNP per capita (US\$), 1995: 3380, PPP estimates of GNP per capita (current int'l \$), 1995: 13 210.

Average distribution of labour force by sector, 1990-1992 : agriculture 16%; industry 30%; services 54%

Adult literacy rate (per cent), 1995 : total 83; male 87; female 79

## Alcohol consumption and prevalence



### Consumption

Driven primarily by growing consumption of spirits, adult per capita consumption of alcohol in Mauritius rose during the 1970s but levelled off thereafter. The bulk of recorded consumption comes from domestically-produced beer and spirits.

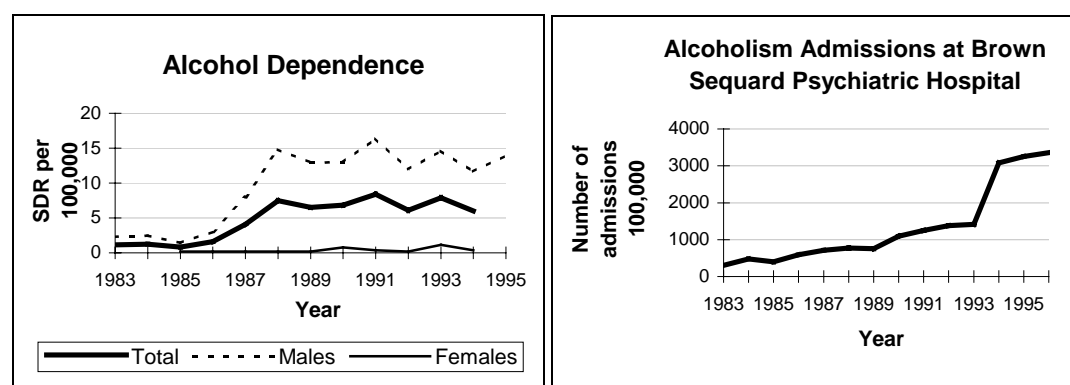
### Prevalence

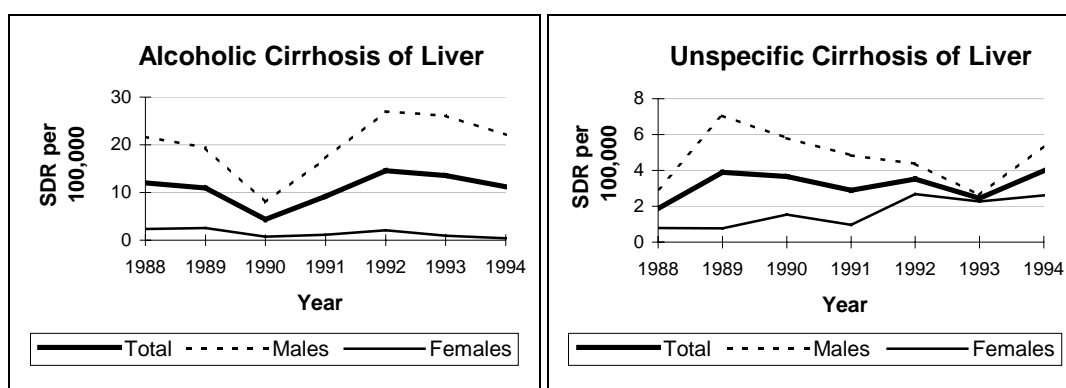
A 1987 population-based study found that 78 per cent of males drank alcohol, and 11 per cent of these men drank more than five standard units of alcohol per day. Approximately 47 per cent of Mauritian females drank alcohol and 95 per cent of female drinkers consumed two or fewer units per day.

## Mortality, morbidity, health and social problems from alcohol use

### Alcohol dependence and related disorders

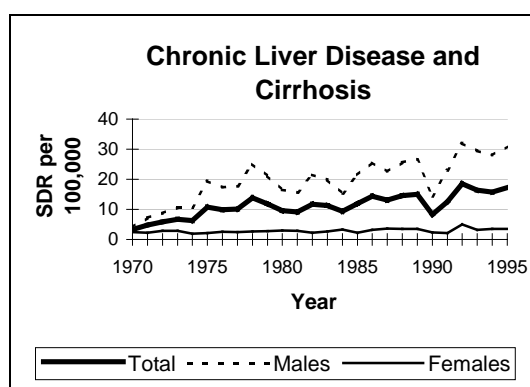
As the charts below show, the SDR per 100 000 population, now fifth highest in the world, as well as admissions for alcohol dependence have increased dramatically during the 1990s.





### Mortality

Deaths from alcoholic cirrhosis have trended slightly down since 1992.



### Alcohol policies

#### Control of alcohol products

The minimum legal drinking age is 18. The legal BAC limit is 0.08 g%. Sponsorship of sporting events by alcohol companies is forbidden. There was a dramatic increase in the excise tax on alcohol in June 1994.

#### Alcohol data collection, research and treatment

There is no separate legislation on drug dependence or on alcohol dependence, and it is reported that for alcohol-related physical problems, patients are treated in general hospitals. However, if there are severe alcohol withdrawal symptoms accompanied by psychosis, patients are treated at a psychiatric hospital to which they are admitted only under an interim order issued by a magistrate under the provisions of the Lunacy Act 1906 which governs mental patients and mental hospitals.

## Mozambique

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	12 095 000	14 187 000	16 004 000
Adult (15+)	6 845 000	7 904 000	8 842 000
% Urban	13.1	26.8	34.3
% Rural	86.9	73.3	65.8

### Health status

Life expectancy at birth, 1990-1995 : 44.9 (males), 48 (females)

Infant mortality rate in 1990-1995 : 148 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 80, PPP estimates of GNP per capita (current int'l \$), 1995: 810.

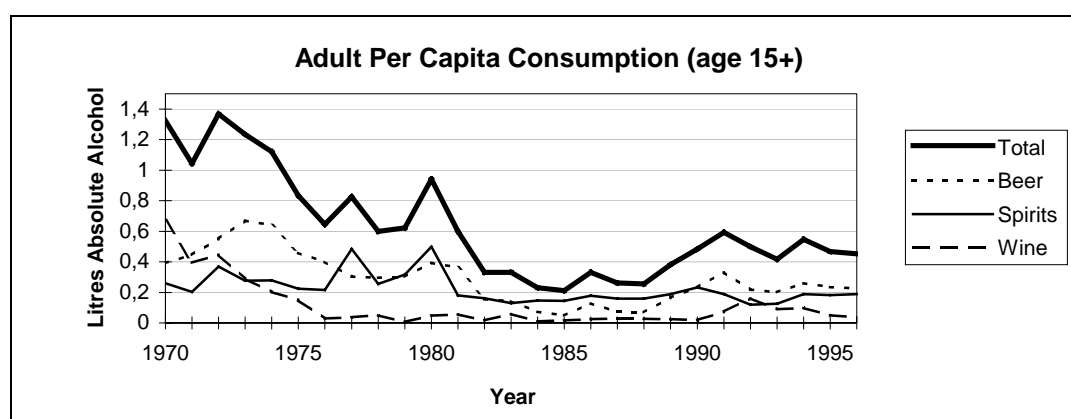
Average distribution of labour force by sector, 1990-1992 : agriculture 85%; industry 7%; services 8%

Adult literacy rate (per cent), 1995 : total 40; male 58; female 31

## Alcohol production, trade and industry

South African Breweries owns 70 per cent of a 550 000 hectolitre brewery through its subsidiary, Indol International BV. In 1995 the International Finance Corporation loaned US\$ 1.2 million to Refrigerantes da Biera Limitada to buy and refit a beer and soft drink plant.

## Alcohol consumption and prevalence



### Consumption

Recorded alcohol consumption is quite low. However this does not give an accurate view of consumption in Mozambique, since the majority of alcohol consumed is home brewed or distilled beverages.

## Alcohol policies

### Control of alcohol products

There is a law forbidding people under the age of 18 to buy alcohol, but it is reportedly not enforced.

### Control of alcohol problems

While there is legislation against drunk driving, the police have insufficient equipment to enforce it.

### Alcohol data collection, research and treatment

The Psychiatric Centre at Hospital Central de Maputo treated 56 cases of alcoholic psychosis between January and November of 1997.

# Namibia

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	1 030 000	1 349 000	1 540 000
Adult (15+)	585 000	773 000	894 000
% Urban	22.8	31.9	37.4
% Rural	77.2	68.1	62.6

## Health status

Life expectancy at birth, 1990-1995 : 57.5 (males), 60 (females)

Infant mortality rate in 1990-1995 : 60 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 2000, PPP estimates of GNP per capita (current int'l \$), 1995: 4150.

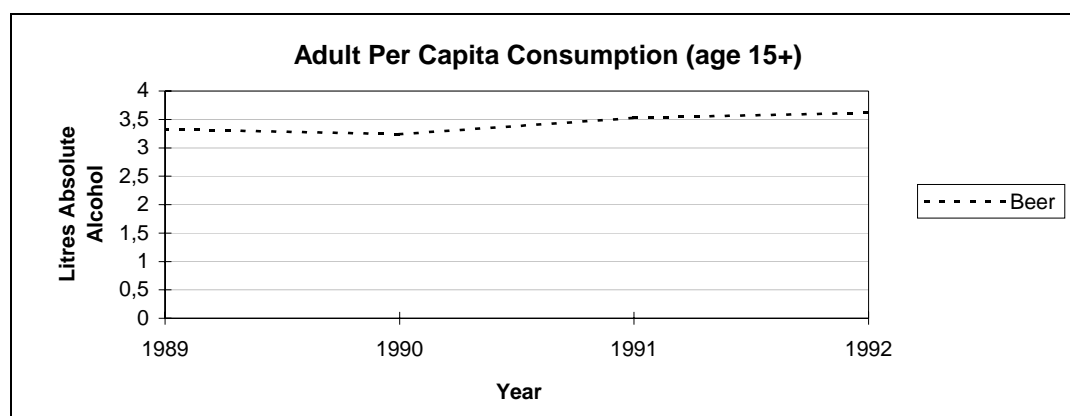
Average distribution of labour force by sector, 1990-1992 : agriculture 43%; industry 22%; services 35%

Adult literacy rate (per cent), 1995 : total 38; male 45; female 31

### Alcohol production, trade and industry

South African Breweries, through its subsidiary Indol International BV, owns a 75 000 hectolitre brewery in Namibia, and has a five percent equity investment in Namibia Breweries. As of 1998 South African Breweries was also planning to set up a US\$ 50 million brewery in Namibia which would have a capacity of 800 000 hectolitres a year, and they have proposed a partnership with Namibian businessmen to set up a US\$ 25 million facility at the northern Namibian town of Oshakati.

### Alcohol consumption and prevalence



#### Consumption

Recorded beer consumption rose slightly in the early 1990s, to approximately 3.6 litres of pure alcohol per adults. There is no data available regarding commercial spirits or wine consumption, nor is there information relating to levels of consumption of smuggled or home- or informally-brewed or distilled beverages.

#### Age Patterns

Five studies from 1991 and 1992 have reported that 20 per cent of school children and 75 per cent of out-of-school youth abuse alcohol over weekends.

### Mortality, morbidity, health and social problems from alcohol use

A study of groups of settled Kung san living in the northern Kalahari Desert of Namibia found raised serum gamma glutamyl transferase (gamma GT - a marker for liver damage) in 30 per cent of the men and 11 per cent of the women, and suggested that alcohol abuse was the main contributory factor.

### Alcohol policies

#### Control of alcohol products

At present, the Liquor Ordinance (No. 2 of 1969) is the most important legal provision concerning the supply of liquor and other alcoholic beverages in Namibia. The purpose of the Liquor Act is to limit the abuse of liquor by controlling the distribution by means of licensing procedures. According to this ordinance, only people who have the necessary licences may trade in liquor, and such trade must take place strictly within the limits of the licence and the regulations of the Liquor Act. In this way the trade in liquor is strictly limited with regard to the time when liquor may be sold, the places where it

may be sold, the kind and quantities of liquor which may be sold, and the people to whom it may be sold. At the time of writing, a new Liquor Act is to be promulgated which will also provide for the licensing of *shebeens*. These outlets will have to sell food and soft drinks as well, and they will be prohibited from selling spirits and other beverages with high alcohol content. The advertising of liquor will also be drastically limited in terms of the new Act.

### ***Control of alcohol problems***

Namibia has prepared a national substance abuse strategy: "Programme for the Prevention and Combating of Substance Abuse and Illicit Drug Trafficking."

### ***Alcohol data collection, research and treatment***

Alcohol dependent persons are treated at Ichtusland (a residential treatment centre North of Windhoek). Three private welfare agencies render treatment services to alcohol and drug dependent persons. These are the Kerklike Maatskaplike Raad of the Dutch Reformed Church, the Welfare Association of the Dutch Reformed Church in Khomasdal and the Drug Action Group. Local Alcoholics Anonymous, Christelike Askie Dioenste, Pioneers and Windhoek Association for Combating Alcoholism groups form the backbone of rehabilitation work in Namibia.

## **Niger (the)**

### **Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	5 586 000	7 731 000	9 151 000
Adult (15+)	2 974 000	4 046 000	4 723 000
% Urban	12.4	15.2	17.0
% Rural	87.6	84.8	83.0

### **Health status**

Life expectancy at birth, 1990-1995 : 44.9 (males), 48.1 (females)

Infant mortality rate in 1990-1995 : 124 per 1000 live births

### **Socioeconomic situation**

GNP per capita (US\$), 1995: 220, PPP estimates of GNP per capita (current int'l \$), 1995: 750.

Average distribution of labour force by sector, 1990-1992 : agriculture 85%; industry 3%; services 12%

Adult literacy rate (per cent), 1995 : total 14; male 21; female 7

### **Alcohol consumption and prevalence**

#### ***Consumption***

Recorded beer consumption reached its peak in 1982 at 0.16 litres of pure alcohol per adult. Recorded spirits and wine consumption are all from imports, and occur at similarly low levels. There is no information available on consumption of smuggled or home- or informally-produced alcoholic beverages.



# Nigeria

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	72 024 000	96 154 000	111 721 000
Adult (15+)	40 090 000	52 545 000	60 806 000
% Urban	27.1	35.2	39.3
% Rural	72.9	64.8	60.7

## Health status

Life expectancy at birth, 1990-1995 : 48.8 (males), 52 (females)

Infant mortality rate in 1990-1995 : 84 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 260, PPP estimates of GNP per capita (current int'l \$), 1995: 1220.

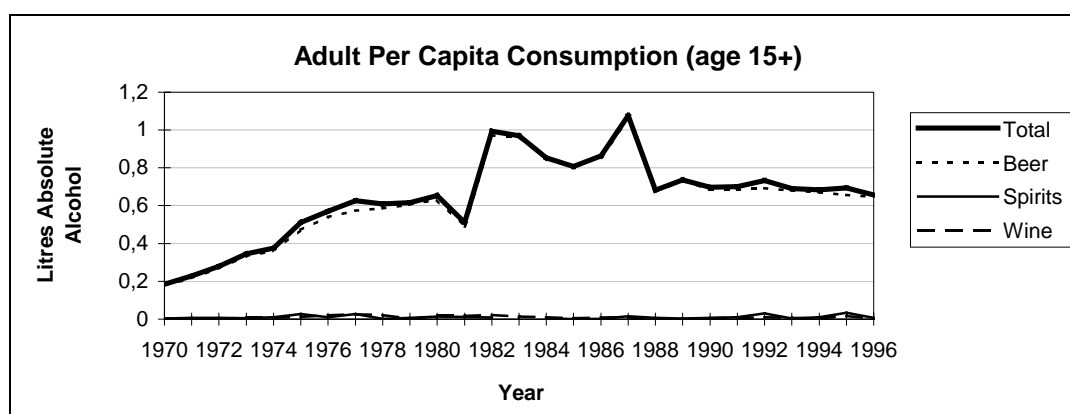
Average distribution of labour force by sector, 1990-1992 : agriculture 48%; industry 7%; services 45%

Adult literacy rate (per cent), 1995 : total 57; male 67; female 47

## Alcohol production, trade and industry

Nigerian Breweries Limited became the first beer maker in the country in 1949, and remained so for 10 years. During the oil boom of the 1970s and early 1980s, the number of breweries increased to more than 30 by 1988. The annual local production from the local breweries rose from 6.3 million hectolitres in 1979 to 9.36 million hectolitres in 1982, and the aggregate net income of the breweries within this same period rose from 94 million naira (US\$ 1.1 million) to 198.7 million naira (US\$ 2.3 million). The number of brewery employees was 22 056 in 1982, out of a population of approximately 80 million. In addition to the breweries, there are now four distilleries and nine wineries.

## Alcohol consumption and prevalence



### Consumption

The alcoholic beverage of choice in Nigeria is beer. There are no figures available for the amount of traditional beverages consumed.

### Prevalence

Rates of consumption vary widely from region to region, as evidenced by a 1990 study of 1052 respondents in two cities (Benin City and Ibadan), which showed that 89.6 per cent of Ibadan respondents claimed to consume no beer at all as opposed to 51 per cent in Benin City. Of those who

did consume alcohol, most were urban males between 10 and 29 years old, and most reported drinking on a daily or weekly basis.

A 1993 survey in the Middlebelt region drew a random sampling of 1562 respondents. Of these, 37.5 per cent abstained from alcohol, 8.8 per cent were former drinkers, 8.9 per cent were infrequent drinkers, 16.5 per cent were light drinkers, 16.7 per cent were moderate drinkers, and 10.4 per cent were heavy drinkers. Among alcohol drinkers, beer was the usual beverage consumed (43.5 per cent). Traditional beverages were the usual drink for 21.4 per cent of drinkers in the sample, and 39.2 per cent of the drinkers (20.8 per cent of the sample) reported drinking some form of alcoholic beverage at least once a day in the past year. Nearly three quarters of alcohol consumers (35.8 per cent of the sample) reported drinking at least three bottles of beer in a typical drinking session. This level of drinking was also found among consumers of traditional beverages and liquor.

#### *Age patterns*

In June 1988, a questionnaire survey of 636 students at the University of Ilorin in Kwara State found that 77 per cent reported lifetime alcohol use (81 per cent of men and 68 per cent of women). In response to a 1988 survey of 1041 senior secondary school students in Ilorin, 12 per cent reported current use of alcohol.

### **Economic impact of alcohol**

In 1984, the brewery industry paid a total of two billion naira (US\$ 23.3 million) in taxes to the Federal Government, a figure representing two per cent of the total non-oil sector of the economy.

### **Mortality, morbidity, health and social problems from alcohol use**

#### *Morbidity*

A 1992 study of 5200 civil servants, factory and plantation workers living in an urban setting in the south-eastern part of Nigeria found that prevalence of hypertension to be higher in medium and heavy drinkers than non-drinkers and light-drinkers.

Self-reports of health problems from the sample interviewed in the Middlebelt region showed significant differences between drinkers and non-drinkers (at least  $p < .05$ ) for the following health problems: kidney problems (6.3 per cent of drinkers versus 1.5 per cent of non-drinkers); strokes (4.9 per cent versus 2.4 per cent); nervous conditions (10.3 per cent versus 5.4 per cent); blood circulation problems (8.3 per cent versus 4.2 per cent); head injuries (9.8 per cent versus 5.8 per cent); broken bones (6.7 per cent versus 3.4 per cent); and weight gain (27.8 per cent versus 13 per cent).

A study published in 1993 of aetiologic factors in 84 patients with acute gastrointestinal tract haemorrhage found acute consumption of alcohol and other drugs to be the most common single or combined factor in more than 90 per cent of the patients.

#### *Social Problems*

A retrospective analysis of the case records of all patients admitted to the 13 psychiatric centres in northern Nigeria and the 15 centres in the south was carried out in 1989. In the north, the relative frequency at which the abuse of substances was recorded was 19.9 per cent for alcohol versus 15.6 per cent for alcohol in the south.

In 1993, 43.7 per cent of 1000 randomly selected abused women reported drinking beer daily. Over 64 per cent drank a bottle per day and the remainder drank between two and five bottles per day.

A survey of admissions into four psychiatric hospitals between 1984 and 1988 found that alcohol alone was involved in eight per cent of the total number of cases and in nearly 50 per cent of the poly-drug cases reported.

### **Alcohol policies**

#### *Control of alcohol products*

Officially, no alcohol may be served in hotels and bars before noon, but this regulation is generally not enforced. Illicit gin is no longer prohibited. Alcohol is also reported to be one of the most accessible and least regulated products on the Nigerian market.

**Control of alcohol problems**

There is no law concerning permissible concentration of alcohol in the blood for drivers. There is no legislation regarding the minimum age limit for purchase of alcohol, hours of sale or standards for operation or licensing of liquor outlets.

**Alcohol data collection, research and treatment**

A programme for the treatment of alcohol and drug dependence at the Neuropsychiatric Hospital in Aro, in the region of Abeokuta, is based on a modified Minnesota/Therapeutic Community model, incorporating the disease concept of drug dependence and the 12-steps of Alcoholics Anonymous. There are very few alcohol treatment units which operate as part of general psychiatric facilities. These units admit patients with alcohol problems but generally are ill-equipped and lacking specialists in alcohol problems. Physical complications are usually treated in general medical units. It is difficult to find general practitioners with specialized knowledge and skill in alcohol counselling. No nongovernmental treatment services or service policies exist.

A forthcoming publication of WHO (Riley and Marshall [ed.] Alcohol and public health in eight developing countries, 1999) includes an in-depth case study from Nigeria.

## Rwanda

**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	5 163 000	6 986 000	7 952 000
Adult (15+)	2 645 000	3 674 000	4 294 000
% Urban	4.8	5.6	6.1
% Rural	95.3	94.4	93.9

**Health status**

Life expectancy at birth, 1990-1995 : 45.8 (males), 48.9 (females)

Infant mortality rate in 1990-1995 : 110 per 1000 live births

**Socioeconomic situation**

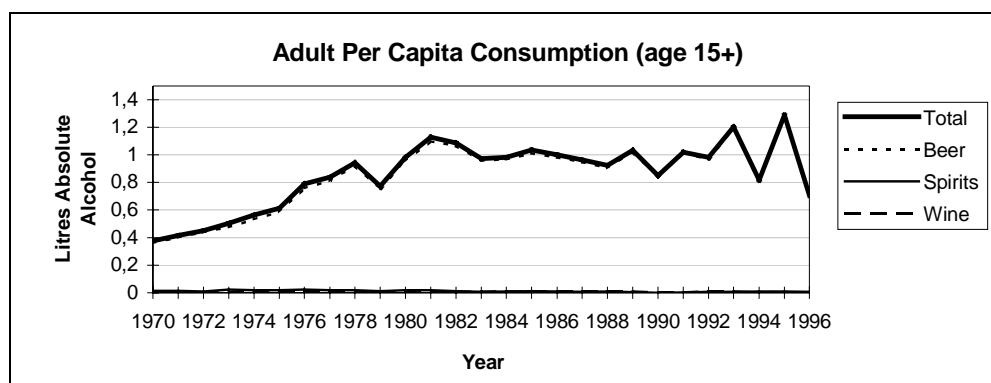
GNP per capita (US\$), 1995: 180, PPP estimates of GNP per capita (current int'l \$), 1995: 540.

Average distribution of labour force by sector, 1990-1992 : agriculture 90%; industry 2%; services 8%

Adult literacy rate (per cent), 1995 : total 61; male 70; female 52

**Alcohol production, trade and industry**

Heineken NV produces beer at a plant in Kigali, in which the government of Rwanda has a 30 per cent interest.

**Alcohol consumption and prevalence**

**Consumption**

Wine figures are only available for the years 1983 to 1988. According to these figures, Rwandans drink very large amounts of wine and/or cider - as high as 13 litres of pure alcohol per adult in 1988, the last year for which figures are available. There is no information available on consumption of smuggled or home- or informally-produced alcohol.

## Senegal

**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	5 538 000	7 327 000	8 312 000
Adult (15+)	3 027 000	3 997 000	4 608 000
% Urban	35.9	39.8	42.3
% Rural	64.1	60.2	57.8

**Health status**

Life expectancy at birth, 1990-1995 : 48.3 (males), 50.3 (females)

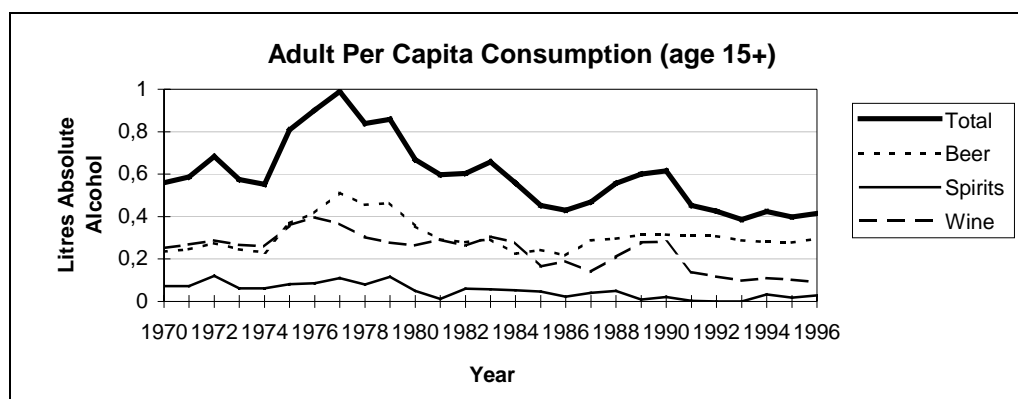
Infant mortality rate in 1990-1995 : 68 per 1000 live births

**Socioeconomic situation**

GNP per capita (US\$), 1995: 600, PPP estimates of GNP per capita (current int'l \$), 1995: 1780.

Average distribution of labour force by sector, 1990-1992 : agriculture 81%; industry 6%; services 13%

Adult literacy rate (per cent), 1995 : total 33; male 43; female 23

**Alcohol consumption and prevalence****Consumption**

Recorded consumption has fallen in every category from its high point in 1977. Recorded spirits consumption is below 0.1 litres of absolute alcohol. There is no information available on consumption of smuggled or home- or informally-produced alcoholic beverages.

**Alcohol policies****Alcohol data collection, research and treatment**

Treatment is provided only in the psychiatric services of Fann University Hospital.

# Seychelles

## Sociodemographic characteristics

POPULATION	1980	1990	1994
Total	N/A	70 000	73 000
Adult (15+)	N/A	N/A	69 000
% Urban	40.0	49.8	54.5
% Rural	60.0	50.2	45.5

## Socioeconomic situation

GNP per capita (US\$), 1991: 5070, PPP estimates of GNP per capita (current int'l \$), 1991: 3683  
 Adult literacy rate (per cent), 1995 : 79%

## Alcohol production, trade and industry

Seychelles produces, imports and exports beer, and imports wine and spirits. South African Breweries owns a 20 per cent share of Seychelles Breweries, Ltd.

## Alcohol consumption and prevalence

### *Consumption*

In 1989, recorded production and trade figures indicate that adults consumed approximately 4.84 litres of absolute alcohol per capita. Beer is overwhelmingly the alcoholic beverage of choice, with spirits a distant second. The Seychelles Heart Study estimated that a large amount of alcohol (approximately 56 per cent) is derived from home brews. This would suggest that actual adult per capita consumption of pure alcohol is closer to 11 litres.

### *Prevalence*

Men do the bulk of the drinking. A 1991 randomised cross-sectional survey of 1309 adults found that 75 per cent of the male population were regular alcohol consumers, with 19 per cent of the men consuming more than 100 grams of alcohol per day.

The 1994 Seychelles Heart Study II involved an age and sex stratified random sample of all residents aged 25 to 64 years living on the island of Mahe. One hundred and sixty persons were selected randomly within eight strata grouped by ten-year age cohort and by sex. High average consumption was found in men but not in women. Around 20 per cent of men reported drinking more than 100 ml of alcohol a day. Fourteen per cent of men and 46 per cent of women were abstainers, while 30 per cent of men and 3.7 per cent of women drank almost every day.

## Mortality, morbidity, health and social problems from alcohol use

### *Morbidity*

A cross-sectional survey of patients admitted to hospital in 1989 found that 28 per cent of males and 13 per cent of female patients had elevated BACs at the time of admission. Overall, one third of all male medical admissions were due to alcohol-related disease. In 1989, 96 patients were diagnosed with alcohol-related cardiomyopathy.

### *Mortality*

A retrospective review of medical records in 1989 reported that pathological effects of alcohol consumption were present in 47 per cent of those autopsied. Twenty per cent showed evidence of alcohol-related cardiomyopathy.

## Alcohol policies

### *Control of alcohol products*

The price of alcohol in Seychelles ranks high internationally. The government imposes taxes which range from 15 per cent to 500 per cent depending on the level of alcohol content. No alcohol may be sold to anyone under 18 years of age.

### *Control of alcohol problems*

Driving under the influence of alcohol is strictly prohibited, and violators may be prosecuted. Police use breathalysers or administer a medical check-up to assess whether an offence has been committed.

### *Alcohol data collection, research and treatment*

A national body on alcohol and other drugs was set up by the President to handle all issues concerning alcohol and other drugs.

## Sierra Leone

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	8 236 000	3 999 000	4 509 000
Adult (15+)	1 841 000	2 255 000	2 518 000
% Urban	24.5	32.2	36.2
% Rural	75.4	67.8	63.8

### Health status

Life expectancy at birth, 1990-1995 : 37.5 (males), 40.6 (females)

Infant mortality rate in 1990-1995 : 167 per 1000 live births

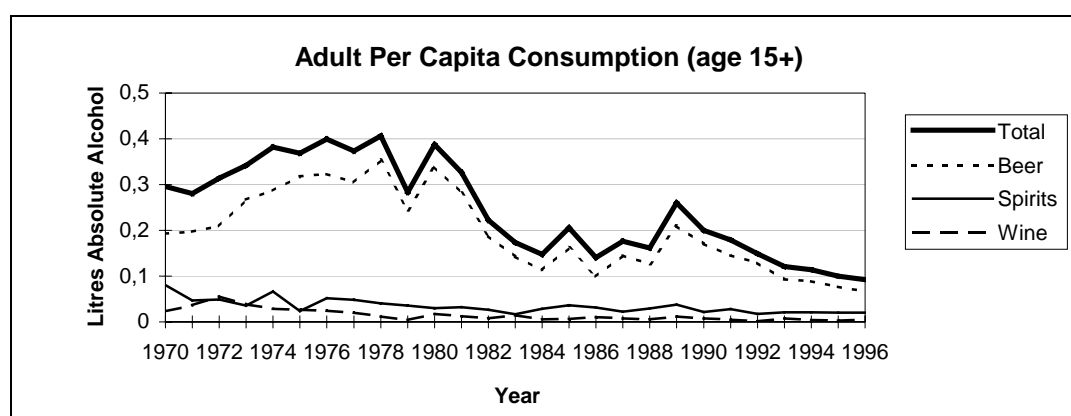
### Socioeconomic situation

GNP per capita (US\$), 1995: 180, PPP estimates of GNP per capita (current int'l \$), 1995: 580.

Average distribution of labour force by sector, 1990-1992 : agriculture 70%; industry 14%; services 16%

Adult literacy rate (per cent), 1995 : total 31; male 45; female 18

### Alcohol consumption and prevalence



### *Consumption*

Recorded alcohol consumption has declined fairly steadily from its high point in 1978, mainly as a result of a decline in recorded beer consumption. Recorded wine and spirits consumption comes

entirely from imports. There is no information available on consumption of home- or informally-produced alcohol.

## South Africa

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	29 170 000	37 066 000	41 465 000
Adult (15+)	17 418 000	22 882 000	26 006 000
% Urban	48.1	49.2	50.8
% Rural	51.9	50.8	49.2

### Health status

Life expectancy at birth, 1990-1995 : 60 (males), 66 (females)

Infant mortality rate in 1990-1995 : 53 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 3160, PPP estimates of GNP per capita (current int'l \$), 1995: 5030.

Average distribution of labour force by sector, 1990-1992 : agriculture 13%; industry 25%; services 62%

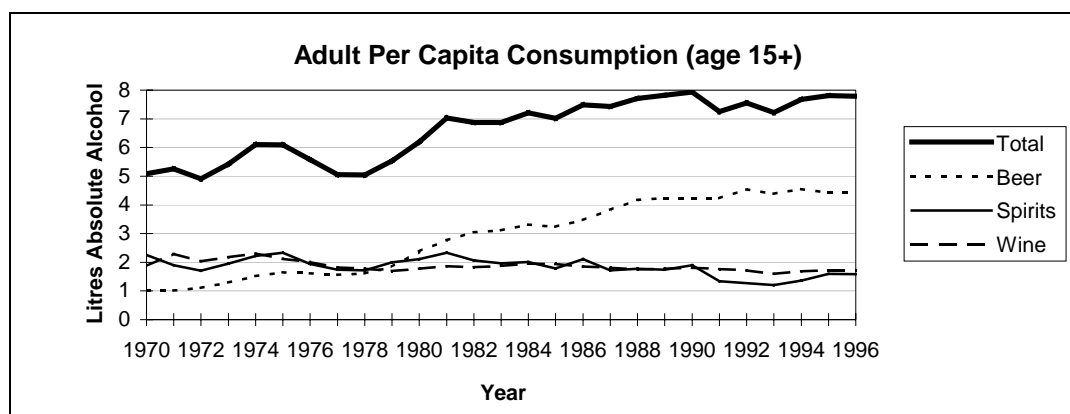
Adult literacy rate (per cent), 1995 : male 82; female 82; total 82

### Alcohol production, trade and industry

South Africa has a thriving alcohol production industry, which is a major source of employment and tax revenue. The market is dominated by five companies. Gilbey's Brewery is jointly owned by Grand Metropolitan and the partnership of Rembrandt-Rothman and KWV, the national grape-growers' cooperative. Rembrandt-Rothman also owns controlling interests in Stellenbosch Farmers Winery and Distillers Corporation. National Sorghum Brewery (NSB) controls 90 per cent of the sorghum-based beer market. NSB recently sold a controlling stake to The UB Group of India.

There are roughly 107 000 employees of the South African Breweries (SAB), South Africa's third largest conglomerate. SAB has a clear beer market share of 95 per cent. A government regulation restricting SAB's sorghum-based beer marketing to the former *bantustans* only was lifted in 1995. The wine industry provides an income to 5000 farmers, 3000 cooperative cellar staff and 42 000 farm labourers (1992 figures). In 1996 there were 22 853 licensed retail liquor outlets in South Africa. In 1997, the country had an estimated total of 250 000 liquor outlets, less than 10 per cent of which were licensed.

### Alcohol consumption and prevalence



**Consumption**

According to figures from the South African business press, total adult per capita consumption of pure alcohol in 1995 was 10 litres. Beer consumption has been rising steadily since 1970, at the same time that malt beer's share of total beer consumption has grown from 15.5 to 56 per cent.

**Prevalence**

Men drink on average 15 to 20 per cent more than women. Among adults, several studies have found approximately 30 per cent of Black African males in townships and squatter camps drink at risky levels. In contrast, studies have classified from 5 to 20 per cent of females as risky drinkers. Men in the Cape Peninsula were more than five times as likely to drink heavily on the weekend (26.7 per cent) than on weekdays (five per cent).

**Age patterns**

Binge drinking tends to increase with age. A survey of young black urban and rural persons between the ages of 10 and 21 found that 4.4 per cent of urban males, 1.9 per cent of urban females, 7.8 per cent of rural males and 1.8 per cent of rural females were drinking at risky levels (averaging the equivalent of more than five beers per day). Another study of Black Africans 14 years and older found a substantially greater percentage of males in urban areas drinking at risky levels as compared to males in predominantly rural areas (30 per cent versus 10 per cent). The corresponding figures for females were 12 to 17 per cent for females in urban areas as compared with one to two per cent for females in predominantly rural areas.

**Alcohol use among population subgroups**

Among high school males surveyed in the Cape Peninsula, Whites are most likely to drink heavily (defined as five or more drinks at one sitting at least once in the past 14 days), followed closely by Black Africans and then by Coloureds. Black African females are least likely to drink heavily. Another study of White students in 200 schools found that 10.3 per cent were drinking on two or more days a week, while a random sample of study of high school students in the Cape Peninsula showed that English-speaking students had higher drinking rates than Afrikaans- or Xhosa-speaking students. Among adults, urban general population surveys from the 1980s found that African males were most likely to drink heavily (14.6 per cent), followed by Coloureds (8.1 per cent), Indians (5.4 per cent) and Whites (1.8 per cent).

In a study of workers in a South African gold mine, 43 per cent reported drinking more than four drinks a day, and the average amount of alcohol sold per drinker per day was in excess of 37 grams.

**Economic impact of alcohol**

In 1992, South Africans spent 429.2 million rand on alcoholic and non-alcoholic beverages, equal to seven per cent of their total consumer expenditure. The total cost of alcohol misuse was estimated in 1985 to be R1.2 billion per year. This figure was based on estimates of lost productivity, alcohol-related health and medical expenses, car crashes, violence, crime, fire damage and costs of alcohol programmes. A 1994 study of sick leave patterns among workers in a sawmill determined that 17 per cent of sick days were alcohol-related.

The economic costs associated with alcohol abuse are likely to be in excess of 2 per cent of GNP (US\$1.7 billion) per year. This may be an underestimate if information collected by the Medical Research Council's (MRC) National Trauma Research Programme is considered, which suggests that alcohol-related costs associated with pedestrian trauma alone are in excess of US\$ 83 million per year. Furthermore, the Minister of Transport has estimated that motor vehicle collisions cost the country US\$ 1.5 billion per year and that at least half of these are alcohol-related.

Revenue from alcohol excise taxes was estimated to be roughly US\$ 570 million in 1996. Public sector spending on research into alcohol abuse is likely to be under US\$ 1 million per year.

**Mortality, morbidity, health and social problems from alcohol use****Alcohol dependence and related disorders**

A 1992 hospital study showed the incidence of alcohol dependence in adult patients presenting with burns to be 57 per cent. Among patients hospitalised for tuberculosis in Cape Town, more than 30 per



cent of Black Africans and approximately 60 per cent of Coloureds registered positive scores on both the CAGE and the AUDIT questionnaires measuring alcohol dependence.

### ***Mortality***

Alcoholic cirrhosis of the liver was cited as a cause of death in 272 persons in 1992. Alcohol was present in 62.9 per cent of homicide victims in a 1986 Cape Town study. In a study of 2980 medicolegal autopsies carried out between 1985 and 1989, alcohol was found in 41.3 per cent of the vehicular deaths. Autopsies of drowning and burn victims have also shown alcohol present in more than 60 per cent of deaths.

### ***Morbidity***

A study of three regions (one urban, one rural and one urban-rural) found the percentage of alcohol users among oesophageal cancer patients was 84 per cent, 91 per cent and 57.5 per cent respectively. Eighteen per cent of work-related injuries in a sample of patients attending a company clinic were related to alcohol. Hospital studies have found that 67 per cent of victims of assaults and vehicular injuries have BACs in excess of 0.08 g %.

### ***Social problems***

Sixty-nine per cent of women abused by their spouses reported alcohol and/or drug abuse to be a main cause of conflict leading to abuse in an interview survey. In 1990, 67.4 per cent of domestic violence in the Cape metropolitan area was estimated to be alcohol-related, as was 76.4 per cent of domestic violence in rural areas of the south-western Cape in 1992.

In 1988, 25 682 people were arrested for drunk driving, a decrease from 29 299 in 1987. Studies of drinking among drivers and pedestrians in Cape Town have found that 16 per cent of pedestrians and seven per cent of drivers on the roads after 17:00 hours on a typical workday are intoxicated. Approximately 16 per cent of motor vehicle crashes were alcohol-related in 1987, and an estimated 50 per cent of all traffic crashes involving pedestrians are alcohol-related.

## **Alcohol policies**

### ***Control of alcohol products***

Prohibition was repealed for Black Africans in 1961. Retail prices are not subject to price control. However, a minimum price is determined each year for producer sales of wine by KWV, the Wine Growers Cooperative. This price must be approved by the Minister of Agriculture. Since 1980, the beer excise tax has lagged behind the consumer price index. Taxes are 31 per cent of the price of spirits, 30 per cent of the price of beer and 13 per cent of the price of wine. Excise duties on wine were re-introduced in 1992. As of October, 1991, alcoholic beverages became subject to a value added tax of 10 per cent (later increased to 14 per cent).

A licence for the on or off-premise sale of alcohol is required. The licensing system is controlled by the Liquor Board which falls under the jurisdiction of the Department of Trade and Industries. Sale of alcohol is prohibited on Sunday, and no sales are permitted to those under 18 years of age. It is expected that a new Liquor Act will be passed in 1998 which will make Sunday trading permissible throughout the country. South Africa's liquor law is currently under review, as the country tries to bring under state control an estimated 230 000 unlicensed liquor outlets.

Advertising of alcoholic beverages is permitted, but advertisements may not be aimed at children. They may not feature children or be aired during a children's programme or on any medium aimed at children. The advertisements must not depict pregnant women and they may not mention alcohol content, nor may they feature or foster irresponsible drinking. They should not encourage the operation of a vehicle or machine, and they may not set out to encourage a general increase in the consumption of alcohol.

### ***Control of alcohol problems***

In 1998, it is expected that the maximum permissible blood alcohol level for drivers will be decreased to 0.05 g%. At the same time, it is probable that the results of breath alcohol testing will be made permissible in court. The "I'm addicted to life" campaign was introduced into schools, and a Soul City TV soap opera series was introduced in 1997 to address alcohol misuse. As of 1997 South Africa did not have an integrated national alcohol/drug strategy. Currently, the country only has a Drug

Advisory Board (falling under the Ministry of Welfare) comprising representatives from a variety of government departments and NGOs. It is probable that a national drug (and alcohol) master plan will be presented to Parliament in 1998. It has been proposed that a Central Drug Authority be established under the office of the Deputy President to drive the implementation of the master plan.

#### ***Alcohol data collection, research and treatment***

There is a wide variety of data research and treatment agencies. The MRC and the Human Science Research Council are the two lead agencies involved in substance abuse research in South Africa. SANCA, a governmentally funded nongovernmental organization responsible for drugs and alcohol, received nine million rand from the state in 1990. The Institute for Health Training and Development was formally launched in 1995 to provide specialized training, consultation and development services regarding prevention and treatment of substance abuse. The public sector spends approximately three million rand each year on research into alcohol abuse. There is a shortage of personnel sufficiently trained to deal with problem drinking.

During 1996 there were major reductions in the funding of alcohol-related treatment centres. Many primary health care clinics are being built and the intention is to have primary health care nurses trained to detect, manage and refer patients with alcohol problems.

A forthcoming publication of WHO (Riley and Marshall [ed.] *Alcohol and public health in eight developing countries*, 1999) includes an in-depth case study from South Africa.

## Swaziland

### **Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	560 000	744 000	855 000
Adult (15+)	303 000	410 000	486 000
% Urban	17.9	26.4	31.2
% Rural	82.2	73.6	68.8

### **Health status**

Life expectancy at birth, 1990-1995 : 55.2 (males), 59.8 (females)

Infant mortality rate in 1990-1995 : 75 per 1000 live births

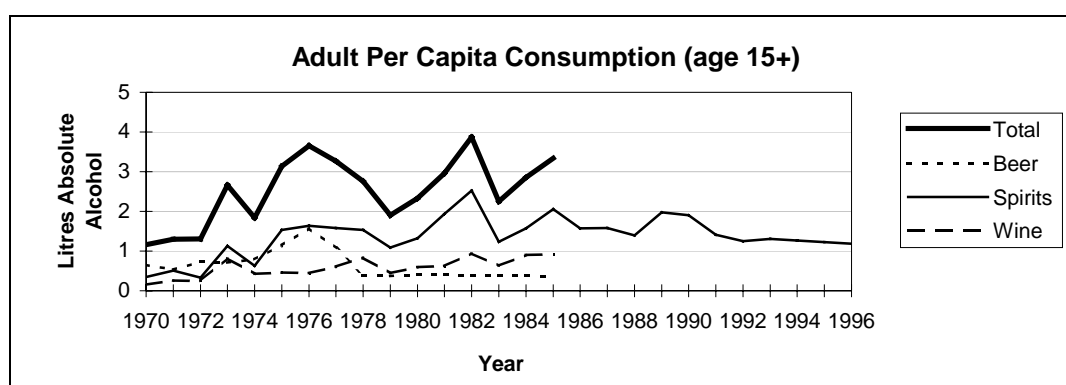
### **Socioeconomic situation**

GNP per capita (US\$), 1995: 1170, PPP estimates of GNP per capita (current int'l \$), 1995: 2880.

Average distribution of labour force by sector, 1990-1992 : agriculture 74%; industry 9%; services 17%

Adult literacy rate (per cent), 1995 : total 77; male 78; female 76

### **Alcohol consumption and prevalence**



**Consumption**

Recorded consumption comes entirely from imported beverages. There are no data available on beer and wine imports after 1985. There is no information available regarding consumption of smuggled or home- or informally-produced alcohol, but it is estimated to be substantial.

**Age patterns**

In a 1991 study of 16 Swaziland secondary and high schools, 22 per cent of girls and 7.5 per cent of boys stated they were regular drinkers, and 16 per cent of girls and 20 per cent of boys started drinking by the age of 15.

In 1989, 68 per cent of second-form students (aged about 13) from three schools in the working-class urban area of Mbabane reported never drinking alcohol, 25 per cent were "rare" drinkers and 3 per cent said they drank frequently.

**Mortality, morbidity, health and social problems from alcohol use****Alcohol dependence and related disorders**

The mental health hospital figures for patients diagnosed with psychosis directly related to alcohol dependence were fairly constant in the late 1970s, at 20 to 25 per cent of admissions.

**Mortality**

Alcohol was present in about 60 per cent of the 97 cases of murder or culpable homicide heard in the judicial system from the beginning of 1978 through November of 1979,

**Morbidity**

The percentage of liver cirrhosis cases connected to alcohol between 1973 and 1982 ranged from 0.1 per cent to 0.4 per cent.

**Health problems**

In 1990, psychiatric hospitals diagnosed 29.3 per cent of admissions as alcohol related.

**Alcohol policies****Control of alcohol problems**

The maximum BAC for driving under the influence of alcohol is 0.15 g%. As of 1991, there had been no drunk-driving prosecutions or convictions since 1968. The Health Education Unit of the Ministry of Health sponsored Alcohol-Drug Awareness Week. The Urban Regulations state that "no person shall be or appear in any public place or place of public resort, whether a building or not, in a state of intoxication."

**Alcohol data collection, research and treatment**

The Swaziland Mental Health Society is a NGO which operates under the umbrella of another NGO, the National Council on Smoking, Alcohol and Drug Dependence (COSAD).

Alcoholics Anonymous, Alanon and Alateen are available as well as clinics throughout the country that handle outpatients with alcohol-related disorders. The National Psychiatric Centre is a facility that specialises in the treatment drug and alcohol problems.

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## Togo

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**Sociodemographic characteristics**

POPULATION	1980	1990	1995
Total	2 615 000	3 531 000	4 138 000
Adult (15+)	1 452 000	1 933 000	2 245 000
% Urban	22.9	28.5	30.8
% Rural	77.1	71.6	69.2

## Health status

Life expectancy at birth, 1990-1995 : 53.2 (males), 56.8 (females)

Infant mortality rate in 1990-1995 : 85 per 1000 live births

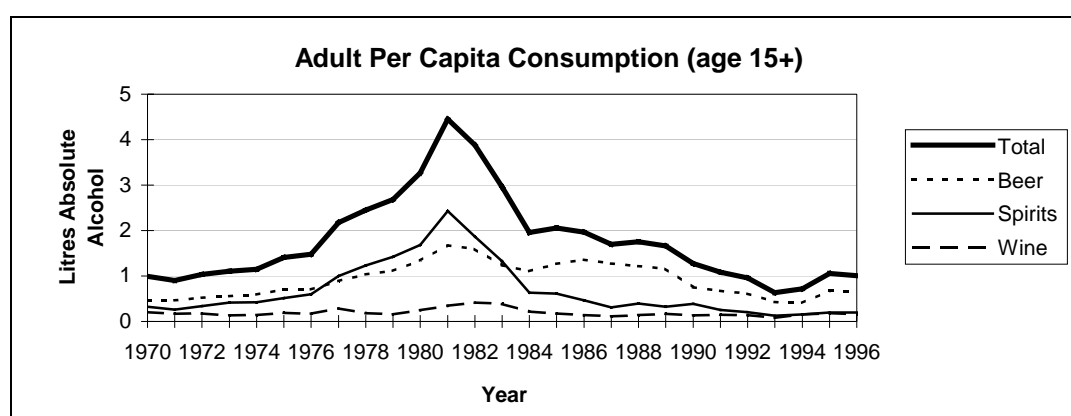
## Socioeconomic situation

GNP per capita (US\$), 1995: 310, PPP estimates of GNP per capita (current int'l \$), 1995: 1130.

Average distribution of labour force by sector, 1990-1992 : agriculture 65%; industry 6%; services 29%

Adult literacy rate (per cent), 1995 : total 52; male 67; female 37

## Alcohol consumption and prevalence



### Consumption

After peaking in 1981, recorded alcohol consumption in Togo has fallen to less than a fourth of its former level. There is no information available on consumption of home- or informally- produced alcohol.

## Uganda

### Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	13 120 000	17 949 000	21 297 000
Adult (15+)	6 848 000	9 256 000	10 907 000
% Urban	8.8	11.2	12.5
% Rural	91.2	88.8	87.5

### Health status

Life expectancy at birth, 1990-1995 : 43.6 (males), 46.2 (females)

Infant mortality rate in 1990-1995 : 115 per 1000 live births

### Socioeconomic situation

GNP per capita (US\$), 1995: 240, PPP estimates of GNP per capita (current int'l \$), 1995: 1470.

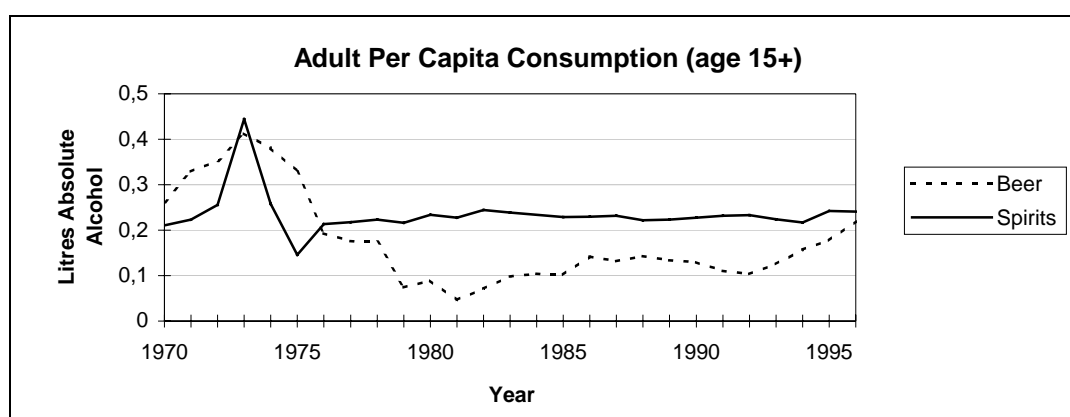
Average distribution of labour force by sector, 1990-1992 : agriculture 86%; industry 4%; services 10%

Adult literacy rate (per cent), 1995 : total 62; male 74; female 50

### Alcohol production, trade and industry

Uganda produces beer and distilled spirits. One of the country's breweries is owned by South African Breweries.

## Alcohol consumption and prevalence



### Consumption

Recorded beer consumption has risen sharply recently. Ugandans drink very little wine, and recorded spirits consumption has remained steady over the past two decades. There is no information on consumption of smuggled or home- or informally-produced alcoholic beverages.

## Mortality, morbidity, health and social problems from alcohol use

### Alcohol dependence and related disorders

A 1985 study of 94 male patients admitted to a psychiatric hospital found that patients diagnosed with alcohol psychosis made up 8.4 per cent of admissions.

# United Republic of Tanzania (the)

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	18 581 000	25 600 000	29 685 000
Adult (15+)	9 738 000	13 759 000	16 072 000
% Urban	14.8	20.8	24.4
% Rural	85.3	79.2	75.7

## Health status

Life expectancy at birth, 1990-1995 : 50.5 (males), 53.6 (females)

Infant mortality rate in 1990-1995 : 85 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 120, PPP estimates of GNP per capita (current int'l \$), 1995: 640.

Average distribution of labour force by sector, 1990-1992 : agriculture 85%; industry 5%; services 10%

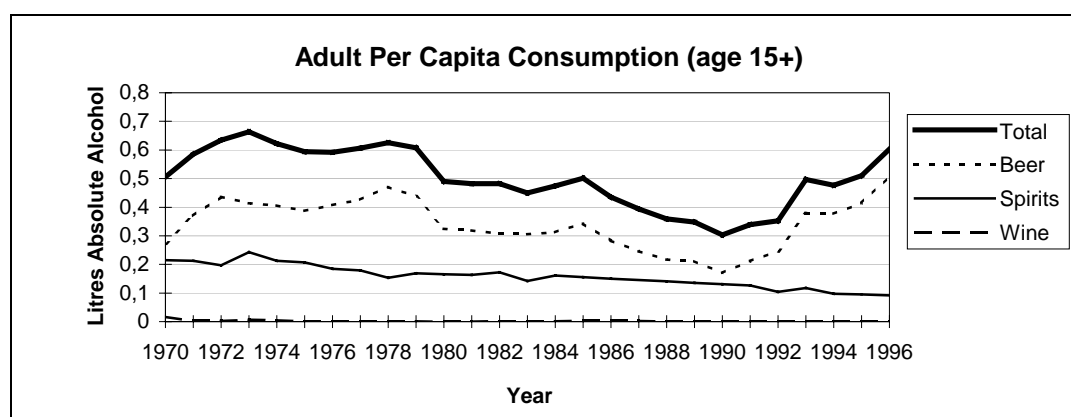
Adult literacy rate (per cent), 1995 : total 68; male 79; female 57

## Alcohol production, trade and industry

At the time of independence in 1961, the breweries and wineries were privately owned. Since then, the government has acquired majority shares and developed DOWICO, encouraging farmers to grow grapes in Central Tanzania. South African Breweries, in a US\$ 27 million joint venture with the Tanzanian Government, owns 50 per cent of a 480 000 hectolitre brewery. Tanzania Breweries Limited (TBL) is a state corporation which handles much of the country's beer distribution. In some remote areas, the company tenders the distribution to private agents. In 1995, TBL received

US\$ 13 million in loans, US\$ 4.4 million in syndications and US\$ 6 million in equity from the International Finance Corporation.

### Alcohol consumption and prevalence



#### Consumption

Beer leads recorded alcohol consumption. However, the figures above are certainly an underestimate of actual consumption. *Pombre*, a traditional brew, represents an estimated 89 per cent of the alcohol consumed in the country. If this amount alone (excluding other home or informal production) were added to recorded production, adult consumption of pure alcohol in 1996 would be approximately 5.45 litres.

#### Prevalence

A study (reported in 1998) selected 148 men and 162 women by cluster sampling from the population (9243) of four villages in the Misungwi subdistrict in the Mwanza region of Tanzania. Fifty-five per cent of the men and 33 per cent of the women had consumed alcohol at least once during the year prior to the interview. Twenty-four per cent of the men and six per cent of the women had consumed alcohol on six or more occasions during the past month. The quantity of alcohol consumed at the last sitting and in the month prior to the interview was twice as high among male compared to female respondents. The frequency and quantity of alcohol consumption per month increased with age for men but not for women.

### Mortality, morbidity, health and social problems from alcohol use

#### Mortality/Morbidity

Between 1981 and 1985 alcohol was associated with 305 manslaughter cases and 17 per cent of assault cases.

### Alcohol policies

#### Control of alcohol products

The Government collects 100 per cent sales tax on wine, and considerably more on beer (593 per cent in 1981). The commercial sale of traditional brews is regulated by the Liquor Licensing Law. The 1972 amendments to the Intoxicating Liquors Act of 1968 restrict opening hours of alcoholic beverage outlets to between 18:00 and 23:00 hours on week days in urban areas and 15:00 to 20:00 hours in rural areas. Weekend and holiday hours are 11:00 to 14:00 hours and again at 18:00 hours to midnight. The minimum legal drinking age is 16.

#### Alcohol data collection, research and treatment

Treatment of problem drinkers is done primarily through psychotherapy and family therapy at the major hospitals. Some patients are admitted for a brief detoxification period before continuing with treatment on an outpatient basis. Tanzania lacks special alcohol treatment centres or family guidance clinics. There are a few Alcoholics Anonymous groups, but the network is not well organized.

# Zambia

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	5 738 000	8 150 000	9 456 000
Adult (15+)	2 904 000	4 245 000	4 973 000
% Urban	39.8	42.0	43.0
% Rural	60.2	58.0	57.0

## Health status

Life expectancy at birth, 1990-1995 : 48 (males), 49.7 (females)

Infant mortality rate in 1990-1995 : 104 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 400, PPP estimates of GNP per capita (current int'l \$), 1995: 930.

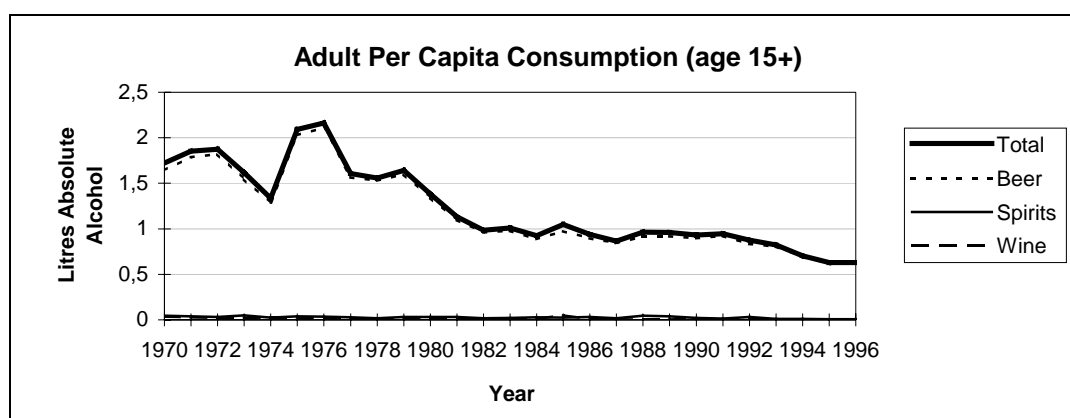
Average distribution of labour force by sector, 1990-1992 : agriculture 38%; industry 8%; services 54%

Adult literacy rate (per cent), 1995 : total 78; male 86; female 71

## Alcohol production, trade and industry

South African Breweries, through their subsidiary, Indol International BV, holds 45 per cent of a 360 000 hectolitre brewery in partnership with the government and Anglo American Corporation.

## Alcohol consumption and prevalence



### Consumption

Recorded consumption comes almost entirely from beer. There is no information available regarding consumption of smuggled or informally- or home-produced alcohol.

### Prevalence

In a 1991 survey in the capitol city of Lusaka, 45 per cent of men and 11 per cent of women (23 per cent of the total sample) described themselves as weekly drinkers. Thirty-five per cent of men and 70 per cent of women (58 per cent of total) claimed to never drink. A 1978 survey looked at drinking in urban, peri-urban and rural settings. The majority of women in all three communities said they did not drink. The heaviest drinkers were rural non-religious men, while the highest number of male abstainers resided in the urban community.

### Age Patterns

A 1982 survey found that 57 per cent of the secondary school male students in Lusaka had used alcohol. The 1978 survey reported that consumption of alcohol increased with age.

## Economic impact of alcohol

A longitudinal study of alcohol in a single rural village found that gross personal income from the sale of village beer increased from K1.80 (US\$ 0.0009) in 1963 to K20.00 (US\$ 0.01) in 1982.

## Mortality, morbidity, health and social problems from alcohol use

### *Alcohol dependence and related disorders*

The number of total admissions diagnosed as alcohol dependent at Chainama Hills Hospital in Lusaka fell from 16 per cent in 1986 to 14 per cent in 1987.

### *Morbidity*

In 1988 the results of alcohol studies in workers of a Zambian copper mine showed that 30 per cent of accident cases showed evidence of alcohol in their bloodstream.

### *Social problems*

In 1985, approximately 33 per cent of police incidents were thought to have involved alcohol, with assault as the most common offence. The annual rate of drunk and disorderly convictions per 1000 drinkers fell from 8.3 in 1970 to 7.5 in 1989.

## Alcohol policies

### *Alcohol data collection, research and treatment*

The Zambia National Commission for the Prevention of Alcoholism and Drug Abuse was established in 1987 as a national chapter of the International Commission for the Prevention of Alcoholism and Drug Abuse.

# Zimbabwe

## Sociodemographic characteristics

POPULATION	1980	1990	1995
Total	7 126 000	9 903 000	11 261 000
Adult (15+)	3 715 000	5 507 000	6 296 000
% Urban	22.27	28.54	32.14
% Rural	77.73	71.46	67.86

## Health status

Life expectancy at birth, 1990-1995 : 52.4 (males), 55.1 (females)

Infant mortality rate in 1990-1995 : 67 per 1000 live births

## Socioeconomic situation

GNP per capita (US\$), 1995: 540, PPP estimates of GNP per capita (current int'l \$), 1995: 2030.

Average distribution of labour force by sector, 1990-1992 : agriculture 71%; industry 8%; services 21%

Adult literacy rate (per cent), 1995 : total 85; male 90; female 80

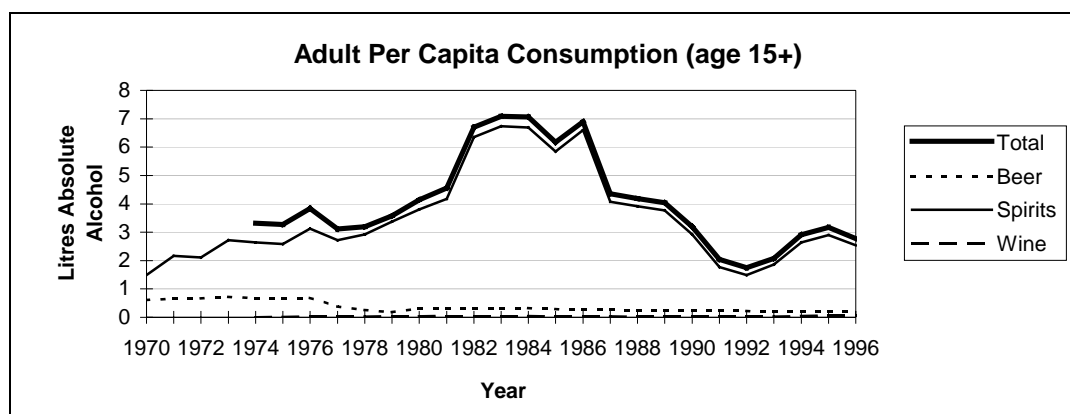
## Alcohol production, trade and industry

Production of beer, wine and spirits is Zimbabwe's fourth largest manufacturing industry in terms of retail sales receipts. Legal alcohol sales total 3.7 per cent of the nation's gross domestic product, and the national government receives close to four per cent of its revenues from alcohol. Beerhalls were still under the jurisdiction of municipal governments as of late 1996, although plans were being made for privatization. In the capital city of Harare, revenue from the beerhalls contributed two per cent of the city's overall budget in 1992.



Three companies produce nearly all of Zimbabwe's legal opaque beer, clear beer and wine and spirits with South African Breweries having an interest in all three. South African wine and spirits companies as well as Grand Metropolitan have interests in the country's largest distiller, African Distillers, which produces or imports 95 per cent of the country's wine and spirits. There are sixteen breweries in the country producing traditional African-style opaque beer, these being owned by Chibuku Breweries, which is controlled by the Zimbabwe government. A competitor owns two more similar breweries. National Breweries, also controlled by Zimbabwe's government, has a modernized three million hectolitre brewhouse in Harare and opened up a bottling line in Bulawayo.

### Alcohol consumption and prevalence



#### Consumption

Estimated per capita consumption of absolute alcohol among urban Black Africans was 16 litres per adult (age 15+) in 1969. The corresponding figure for Europeans, Asians and Coloureds was 9.2 litres. Consumption of opaque sorghum-based African-style beer or clear, barley-based European-style lager beer seems to have fluctuated over time according to the economic fortunes of the country. There is no reason to assume that the high levels of per capita consumption have moderated in the past thirty years, which suggests substantial under-reporting in the graph above.

#### Prevalence

When people drink in Zimbabwe, they tend to drink heavily. Men are more likely to drink than women. There are no recent general population surveys available. A 1992 survey of junior hospital workers in Harare found that 93 per cent of male and 64 per cent of female current drinkers drank to intoxication every time they drank. Forty-one per cent of a sample of consecutive patients attending primary care clinics in Harare in 1989 were current drinkers. Of these, 60 per cent habitually drank to intoxication (more than 10 units), and 39 per cent drank at least three or more times per week. Thirty-eight per cent were classified as "bout" drinkers, consuming 21 or more units per heavy drinking session. Heavy drinking sessions were most likely to occur around weekly or monthly pay days. Thirteen per cent of the drinkers drank heavily three or more times a week. A study of industrial workers conducted by the Ministry of Health in 1989 found that of the 74 per cent who drank alcohol, 66 per cent drank every weekend, and 22 per cent (16 per cent of the entire sample) drank daily. Among communal drinkers (those who drink from a common container or at communal events, usually in the rural areas), one study found that 89 per cent of drinkers reported becoming at least moderately drunk on each drinking occasion.

#### Age Patterns

A random survey of more than 2500 schoolchildren between the ages of 12 to 21 found that 32 per cent of boys and 28 per cent of girls had tried alcohol. Alcohol was the drug most commonly used by all the schoolchildren, and was more common among male than female students, and in private than public schools. Students with more European attitudes and tastes were likely to drink more than those who adhered to Zimbabwean customs. A comparison between Zimbabwean and British university students found that fewer Zimbabweans (particularly females) drink, but those who do drink more and get drunk more often. A 1996 study gave lifetime alcohol prevalence levels of 31.1 per cent for

people aged 14 years and older, 39.5 per cent for 15 to 16 year olds, and 46.1 per cent for 17 to 20 year olds.

### Economic impact of alcohol

Households spend nearly seven per cent of their annual income on alcoholic beverages.

### Mortality, morbidity, health and social problems from alcohol use

#### *Alcohol dependence and related disorders*

A 1989 study of 483 consecutive patients attending primary care clinics in Harare classified 13.2 per cent of current drinkers as dependent (defined as drinking more than 10 units per session three or more times per week). A study of junior hospital workers at Parirenyatwa Hospital in Harare found that five per cent of current drinkers scored very highly on dependence scales in terms of increased tolerance, morning drinking and loss of control, while 72 per cent reported frequent problems as a result of drinking such as injuries, blackouts, guilt feelings and expressions of concern from others about the drinker's alcohol use..

Admissions for alcohol-related diagnoses reportedly accounted for approximately 25 per cent of all psychiatric admissions at Harare's main hospital in the mid-1980s, but this high percentage is not reflected in official hospital admissions figures. A 1993 prospective study in the hospital's psychiatric ward found that 13 per cent of male and two per cent of female patients could be classified as alcohol abusers or dependent.

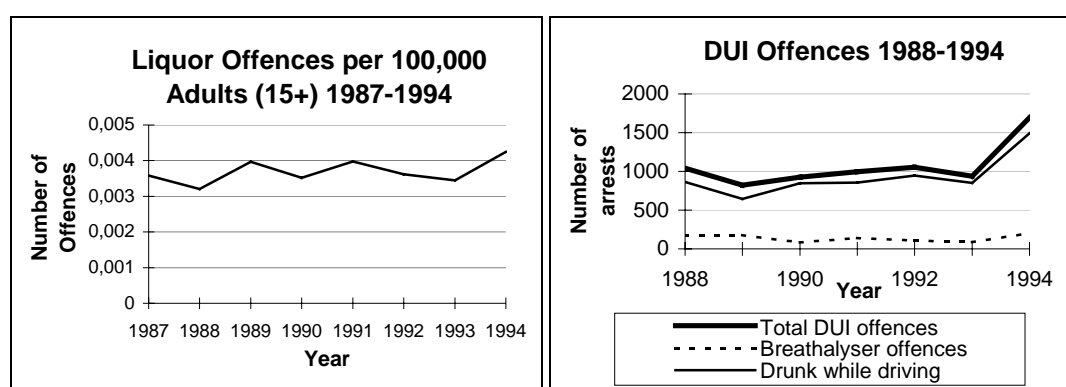
#### *Morbidity*

In a study of 483 consecutive patients attending primary care clinics in Harare, more current drinkers than non-drinkers presented sexually-transmitted diseases and work-related injuries.

A retrospective study of 2180 cancer cases in residents of Bulawayo, the second-largest city, found a link between the most common cancer for men (cancer of the liver) and alcohol use, particularly use of local beer; and a link between the most common cancer for women (cancer of the cervix) and alcohol use, increasing with elevated consumption. No significant link was found between alcohol use and cancers of the breast, corpus uteri, lung or bladder.

According to the UN Demographic Yearbook, Zimbabwe reported incidence of chronic liver disease including cirrhosis at 4.14 per 100 000 population in 1986.

### Social problems



The national figures for liquor offences shown in the chart above include public drunkenness, running a *shebeen* without permission, and being drunk, violent and disorderly in a public place. Prior to January 1995, each of Zimbabwe's eight provinces had only one breathalyser, resulting in a likely under-reporting of drink-driving.

## **Alcohol policies**

### ***Control of alcohol products***

Alcoholic beverage labels must state that alcohol may be hazardous to health if consumed to excess and that the operation of machinery or driving after the consumption of alcohol is not advisable. All establishments selling alcoholic beverages that are members of Harare's Hotel and Restaurant Association have pledged to post a similar warning sign regarding alcohol use wherever alcohol is served.

Tax rates favour the beverages with the lowest alcohol content, particularly traditional opaque sorghum-based beer. An increase in taxes on clear and opaque beer in February 1995 had to be repealed in July of that year after drinkers migrating to lower tax revenues or to illegally-produced beverages caused a significant drop in alcohol tax revenue to the fiscus.

Alcohol outlets must be licensed by the government. A 1994 amendment to the Liquor Act gave rural bottle stores permission to sell alcohol for consumption on premises, waiving the sanitary requirements to provide amenities such as flush toilets and tiled kitchens that apply to urban outlets. In addition, there are many illegal *shebeens*; police made between 2000 and 4000 arrests per year for operating *shebeens* in the early 1990s.

### ***Alcohol data collection, research and treatment***

The Medical School at the National University of Zimbabwe runs occasional research studies on alcohol. With assistance from the International Labour Organization, the Department of Social Welfare operates a Resource Centre for Alcohol and Drug Problems that retrains and refers workers with alcohol problems, and mobilises communities to generate locally-initiated prevention campaigns. The Zimbabwe Council on Alcohol and Drug Abuse provides lectures in schools on alcohol and other drug problems on a voluntary basis.

Government treatment facilities are provided in psychiatric wards in general hospitals, which accept patients for detoxification as well. Alcoholics Anonymous has at least eight meetings per week in Harare as well as in other major cities. An independent Christian community in a Harare suburb has beds for nine alcohol and/or other drug dependent people.

A forthcoming publication of WHO (Riley and Marshall [ed.] Alcohol and public health in eight developing countries, 1999) includes an in-depth case study from Zimbabwe.